

# THE CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

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## Original Contributions.

### ARTICLE IV.

#### RESULT OF OPERATION FOR HARELIP.

By S. D. MERCER, M.D., Omaha, Nebraska.

Miss Harriet L., *æt.* 30, of Omaha, consulted me last March, concerning an operation which she said had been frequently declined, owing to the condition of her general health and the extent of the cleft. For several years she had been troubled with dyspepsia, depending upon inefficient mastication, and from the resulting debility, the lungs had become so irritable that the exhibition of an anæsthetic was very difficult.



The above cut represents a deep cleft, of the most unsightly

character, rendering the patient an object of disgust to herself and all around her. The chasm extended through the superior maxillary its whole length, the palate bones, and the soft palate, forming a perfect communication between the mouth and left nares. The left side of the nose was very much flattened by contraction of the tissue to the left of the chasm to which the left ala was attached.

By the assistance of Drs. Babcock and Canfield, the patient was partially anæsthetized, and, with the bone forceps, the side of both superior maxillaries bordering on the cleft was removed, the edges of the soft parts pared, an incision made from the septum nari to the base of the right ala, and thence about one-half inch toward the external canthus of the right eye, and another from the base of the left ala toward the external canthus of the left eye. Both sides were then freely dissected up, and the margins united with three pins. The wound united, partly by first intention, but some traumatic erysipelas occurred, followed by very slight suppuration, but the union was subsequently completed by second intention.

The food was subsequently masticated better, and, consequently, the dyspeptic symptoms are gradually disappearing. The patient was referred to the dentist for further improvement.

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ARTICLE V.

CHLOROFORM IN INTERMITTENT FEVER.

BELLEFONTAINE, Iowa, Dec. 19th, 1867.

PROFESSOR N. S. DAVIS,

*Dear Sir:*—In glancing over some back numbers of the *MEDICAL EXAMINER*, my attention was attracted by an article on the use of chloroform in intermittents, from the pen of Dr. George F. Brickett, of Chicago. The result of the Dr.'s experience is so different from mine, that I have thought proper to drop you a few lines on the subject.

Practising in a country watered by the Des Moines and its

numerous tributaries, I have had, during my residence here, ample opportunity to witness malarious disease in all its various phases, from the simple tertian to the most malignant typho-malarial fever, in consequence of which few medicinal agents recommended for this class of disease have escaped my attention. The most remarkable feature of Dr. Brickett's cases was their prompt recovery without the use of the salts of quinia or their succedaneum. I would not be understood to cast the remotest suspicion on the truth of that gentleman's statement; but, on the contrary, I believe his article to be a plain statement of facts, confirmed by the observation of others; but with me the result has been different. During the past summer and autumn, I have administered chloroform, and carefully noted its effect, in upwards of fifty cases of ague, with the following results: in twenty cases, after the administration of one fluid drachm each, the chill was immediately arrested, with the exception of one case, in which the above dose was repeated in one hour; in eleven of the above cases, the febrile stage was probably abridged; of the remaining cases, the fever ran about as usual, all, with few exceptions, terminating in profuse perspiration; in eight of the cases, the paroxysm returned on the succeeding day, and nine on the second day, and three escaped, but were subsequently attacked in from seven to twenty days; of the remaining cases, no reliance was placed in the curative properties of the chloroform (which I only administered for the purpose of abridging the chill), but was followed by large doses of sul. quinia as soon as the sweating stage was established.

In conclusion, allowing my experience to be the guide, I would say that chloroform is a valuable and safe hypnotic; administered in doses of one fluid drachm, in the cold stage of an intermittent, it will never fail to arrest the chill in from ten to fifteen minutes, the patient falling into a refreshing slumber, as described by Dr. Brickett. Exceptionally, the above dose may have to be repeated in from one-half to one hour, but never oftener, and should never be administered where much nausea exists, for it will frequently produce the most distressing vomiting, the fumes of the chloroform regurgitating through the

mouth and nostrils, almost threatening the patient with suffocation. I administered the chloroform undiluted, following immediately with cold water.

Very truly, etc.,

D. SCOTT.

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ARTICLE VI.

REPORT OF THE PHYSICIAN TO THE WASHINGTONIAN HOME OF CHICAGO FOR 1867.

*To the Executive Committee of the Washingtonian Home,*

GENTLEMEN:—I hereby beg leave to submit my Annual Report, as Physician of the Home, for the year ending December 31st, 1867:

There have been 45 cases of delirium tremens treated during the year, out of which only 21 have required active medical treatment. Many others have had no delirium tremens, but have suffered from various other morbid conditions consequent upon the use of alcoholic stimulants, such as paralysis, dropsy (general and local), uræmia, and one case of mental disorder amounting to insanity. This case was discharged as incurable, and is one of uncommon interest.

There has been but one death during the year, that of Joseph Cunningham, who has an interesting history, which will be related by the Superintendent. He was admitted on the 27th day of June, in the active stage of delirium tremens, and died on the 30th, from uræmic convulsions. There was suppression of urine from the day of his admission, and partial suppression for some time previous. His eyes were congested; the entire surface of the body presented a bloated appearance, amounting to anasarca or general dropsy of the cellular tissue; he was raving and wakeful, and all the means I could employ failed to procure sleep or rest; he could not, or would not, take nourishment, and died a most horrible death in convulsions.

The next day after, a *post mortem* examination was made by Dr. H. M. Lyman and myself, in the presence of a large number of the inmates of the Home, who were permitted to witness



the examination, that they might, with their own eyes, see the destructive effects of alcohol on the human system, which, in our opinion, although silent, was a most impressive *lecture*.

The heart was found to be large, its walls thin and soft; an unusual amount of serum was found in the pericardium and pleura; the lungs were engorged with blood; the liver was found enlarged, nodulated, and friable, being easily broken down or torn, presenting the appearance of what is called a "*whiskey liver*;" the stomach was partially filled with a dark grumous fluid; but the most interesting feature of the case was, that the mucous membrane was highly inflamed and softened, presenting the characteristic appearances of a drunkard's stomach, as given by Dr. Sewell, in his plates showing the condition of this membrane, from the moderate drinker to the confirmed drunkard. This stomach corresponded most perfectly with that of the confirmed drunkard. The stomach was presented to Dr. N. S. Davis, a member of your Committee. The kidneys were found changed in their structure by what is called fatty degeneration, so that they were unable to perform their natural functions, hence, the retention in the blood of the poisonous elements of the urine, which acted as a direct poison on the brain, resulting in convulsions and death.

We regarded his case as incurable at the time of his admission. He had good care and close attention. A number of similar cases have been treated at the Home during the year, but have recovered, though none had progressed so far as his.

Another case is worthy of special mention, that of J. F., who had no delirium tremens, but suffered from general dropsy, caused from an impoverished condition of the blood. A large amount of serum was effused into the pleural and pericardial cavities, and a general anasarcal condition of the cellular tissue. He was kept quiet; tonics, iron, and diuretics were given, together with a nourishing diet, and his recovery was rapid and permanent.

The general treatment in cases of delirium tremens has been mainly the same as last year. Patients, on admission, have been bathed and kept clean. If constipation existed, as it gen-

erally does, a mild cathartic or laxative was administered. The urinary secretions were carefully watched, believing, as we do, that much of the nervous disturbance is caused by retention in the blood of the poisonous elements of the urine. To relieve restlessness and sleeplessness, we have found the bromide of potassium, in doses varying from 10 to 40 grains every three hours, the most generally applicable and effectual. One patient, who had had many sieges of delirium tremens, was so promptly relieved by this medicine, that he exclaimed, "that is the best medicine in the world, there was never such another." Chloroform, opium, opium and quinia, lupulin, digitalis, etc., etc., were occasionally used, and other remedies, as complications, which will always arise, seemed to indicate.

No alcoholic or kindred stimulants have been allowed at the Home. All stimulants have been withdrawn at once, and you will see, by the small amount of deaths compared with the whole number treated, gives a very flattering success. Notwithstanding there are many who recommend the "tapering off plan," I am prepared to assert my convictions that the "sudden jerk plan," as termed by the *Cincinnati Daily Commercial*, is the most successful, and should be adopted by all institutions designed for the reformation of inebriates.

I am happy to report that the sanitary condition of the Home has been much improved over the preceding year. Good sewerage, which was deficient last year, is now complete. Better accommodations have been provided for the sick, and better and more faithful care and attention given the patients. The Hospital Department has been materially enlarged, and better ventilation secured.

The matter of furnishing employment for the convalescents and fully recovered inmates, as suggested in my last annual report, and as provided for in our new constitution (or charter), has been referred to a committee, with power to act in the adoption of such employments as shall at once be profitable for the Home and conducive to the health of the inmates. All of which is respectfully submitted.

T. D. FITCH, M.D., *Physician.*

## The Clinique.

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### CLINICAL CASES FROM MY NOTE-BOOK.

#### *Neuralgia of the Rectum.—False Pains in the Uterus.—Effects of Belladonna.*

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By N. S. DAVIS, M.D., Professor of Practical and Clinical Medicine, in Chicago Medical College.

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CASE I. Mr. M., a laborer, residing on Sebor Street, was attacked rather suddenly with severe pain in the rectum, while at his work, June 10th, 1863. I was called to see him on the following day, when I found him in bed, with no fever, only slight quickening of the pulse, no coating on the tongue, and temperature natural, but suffering excruciating pain in the rectum. It was accompanied by no tenesmus or straining at stool, and no outward swelling. The interior of the rectum was very sensitive to the touch, but there were no hemorrhoidal tumors within reach of the finger, and no point of hardness and swelling, such as would indicate cellular inflammation tending to the formation of an abscess. Such acts as coughing, straining, or passing of wind from the rectum, rendered the pain more severe.

The patient was directed to remain at rest, and take eight grains of Dover's powder every three hours until the pain was relieved. The next day, I found him still suffering from the pain, unchanged, with the addition of nausea and moderate dysuria. I now directed warm narcotic fomentations to the perineum and hypogastrium, and, instead of the Dover's powder, gave sulphate of morphia, one-third of a grain, with bicarbonate of soda, five grains, every four hours. The following day, I found him still suffering paroxysms of extreme pain in the same locality as before, with extreme nausea and efforts at vomiting, cool extremities, and great sense of prostration. Being satisfied that most of the nausea and prostration was occasioned by the opiates, I omitted their further use and directed the following treatment:

R. Nitrous Ether,----- ʒij.  
Tinct. Belladonna,----- ʒij.

Mix, and give a teaspoonful in sweetened water every 4 hours.

Also twenty drops of tincture of belladonna in half a teacupful of milk-warm water, to be used as an enema, and repeated every three or four hours until the pain was relieved, or the pupils became dilated from the effects of the belladonna. This treatment was followed by very prompt relief to both the nausea and the pain. Only two enemas were used, and after the belladonna and nitrous ether had been continued two days, no further treatment was required.

CASE II. Mr. H., a young man, of good habits but nervous temperament, the night after having sat on the damp ground, was attacked with extreme paroxysmal pains in the rectum, with tenderness to pressure at the lower end of the coccyx, but no swelling or redness.

The intestinal evacuations had been previously regular, and there was present no decided febrile disturbance of the system. Any motion of the body by which the rectum was disturbed, such as coughing or the passage of wind from the bowels, greatly aggravated the pain. The local tenderness near the lower end of the coccyx, led me to regard the case, at first, as one of cellular inflammation, such as usually results in the formation of an abscess, afterwards followed by a fistula. I consequently enjoined rest, narcotic fomentations to the anus, and gave pulv. Doveri internally, to procure sleep. After pursuing this treatment for two days, without any decided change in the symptoms, I caused the bowels to be moved by a saline cathartic, the operation of which was accompanied by severe rectal pains, and followed by no relief to the patient. Enemas, containing tincture of opium, were used after the bowels had been evacuated, but afforded partial relief only so long as their effects were sufficient to stupefy the patient. After the patient had been under treatment three full days, finding the pain and morbid sensitiveness of the rectum nearly the same as at first, and yet no point of swelling and hardness in the vicinity of the anus, such as always indicates the approach of an abscess, I

became satisfied that the case was one of neuralgia, and directed the following treatment:

R. Chloroform,-----	ʒiij.
Tinct. Belladonna,-----	ʒiij.
Syrup of Orange Peel,-----	ʒiij.

Mix, and take a teaspoonful every two hours, until the pupils become slightly dilated, when the interval between the doses should be increased to four hours.

He was also directed to have 20 drops of the tincture of belladonna in half a teacupful of warm water injected into the rectum each morning and evening. Under this treatment, the pain almost entirely subsided during the first twenty-four hours, and in three days the patient was able to leave the house, quite well. In two other cases, of similar character, relief was speedily obtained by the internal use of an equal mixture of tinct. belladonna and tinct. gelsemium, taken in doses of 20 drops every two or three hours.

CASE III. Mrs. H., aged 35 years, of a nervous temperament and somewhat scrofulous diathesis, six months advanced in pregnancy, was attacked with severe paroxysmal pains in the rectum, which were accompanied by a disposition to force down, as in the pains of labor. She had been subject to annoyance from hemorrhoids, at times, for several years, and a tendency to constipation. But neither of these existed at that time sufficiently to account for the pains then existing. The following day, the pain in the rectum increased, and the "bearing down" became so regularly paroxysmal and severe, that the patient was induced to think that premature labor was actually taking place, and I was called in.

On making a vaginal examination, the os uteri was found undilated and firm, but the forcing pains that came every five minutes plainly crowded the whole uterus down lower in the cavity of the pelvis and caused a perceptibly increased rigidity of its neck. After a few hours delay, finding no change in the condition of the uterus, and the pains in the rectum increasing to a degree of great intensity, I became satisfied that there were no true labor pains, but the whole amount of suffering was

occasioned by neuralgia or, at least, nervous irritation of the pelvic viscera. Knowing, from previous attendance upon the patient, that the exhibition of any of the ordinary preparations of opium would be speedily followed by persistent nausea and distressing vomiting, even when taken into the rectum, I at once prescribed an equal mixture of tincture of belladonna and tincture of gelsemium, of which 20 minims was to be taken every two hours, and 20 minims in two ounces of slightly warm water to be used as an enema. In less than two hours the pains were greatly lessened, and in six hours both pains and tenderness or morbid sensibility over the lower part of the abdomen and region of the rectum had entirely disappeared. But the belladonna had caused some dryness of the fauces, and sufficient dilatation of the pupils to cause some confusion of vision. The doses were now reduced to 15 minims, and given at intervals of four hours.

The following day, finding the patient free from pain, but feeble and entirely without appetite, I directed for her 8 minims of hydrochloric acid, to be taken in a tablespoonful of sweetened water four times a-day, instead of the belladonna and gelsemium, but to repeat the enema of warm water and belladonna whenever the pelvic or rectal pains should return. The acid had a good effect on the appetite and digestion, and the enema was required but two or three times during the succeeding three days. In the meantime, the contents of the bowels were evacuated naturally, and the patient passed the remainder of her period of gestation with but little trouble, and was confined at the proper time.

Knowing the influence of belladonna in relaxing the os uteri when it remains rigid after labor has commenced at the full period of pregnancy, I hesitated in regard to the propriety of using it in the foregoing case at the sixth month, lest it should increase the danger of a premature labor. The result, however, showed that my fears were not well founded.



## Proceedings of Societies.

### ADAMS COUNTY MEDICAL SOCIETY.

The regular Quarterly Meeting of the Adams County Medical Society was held at the office of Dr. Robbins, Quincy, Ill., November 11, 1867, at 1½ o'clock P.M. The President, Dr. Louis Watson, in the chair.

*Present.*—Drs. Watson, Stahl, Cox, Helms, Kendall, Martin, Bassett, Bartlett, Ralston, Leach, Bane, Landon, Bonney, Wilson, and Robbins.

The minutes of the last Quarterly Meeting were read and approved.

Dr. Julius Guënther was proposed for membership by Dr. Wilson, and the proposition referred to the Censors.

On motion of Dr. Robbins, the Committee appointed, at the last Quarterly Meeting, to reinvestigate the charges against Dr. Bassett and report at the next Annual Meeting, had leave to report at this meeting, and reported as follows:

*"To the Adams County Medical Society:*

"Your Committee, appointed at the Quarterly Meeting in August last, to reinvestigate the charges against Dr. M. F. Bassett, which were heard and acted upon at the Annual Meeting, in May, 1867, beg leave to report that they have had the subject under consideration.

"Dr. Bassett appeared before the Committee and made a statement of the facts relating to the course which was made the basis of the charges, which statement is substantially embraced in the communication herewith presented and made a part of this report.

"Your Committee are satisfied that Dr. Bassett did not intend to set at defiance the Code of Ethics of the American Medical Association, which has been adopted as a part of the By-Laws of this Society; that if an unprofessional use was made of the circular letter which he designed for the medical profession alone, it was without his knowledge or consent, and



to his deep regret; that he regrets that such a construction should have been put upon his letter, or his course, as to compromise, in any mind, the honor or dignity of the Adams County Medical Society, or the profession it represents; that, in view of the fact that the benefits which he hoped and believed would accrue to the profession and to suffering humanity may have been more than counterbalanced by the disaffection resulting from such misapprehension of his purpose and motives, he regrets that the circular letter was issued.

"The high moral and professional standing which Dr. Bassett had maintained since he became identified with this Society forbids, among those who know him best, the suspicion that he would be guilty of intentional quackery. From the frank and manly statements of Dr. Bassett, his bearing in our presence, and the uniformly scrupulous regard for the amenities and ethics of the profession which has ever characterized his professional intercourse with the various members of the Committee, we feel warranted in saying that there can be no doubt of his desire and intention to pursue such a course, hereafter, as shall give his professional brethren no occasion to feel either aggrieved or offended.

"We believe therefore, that professional harmony will be best maintained, and the dignity and honor of this Society and of the profession at large sufficiently vindicated, by meeting Dr. Bassett in the same spirit in which he has met your Committee. Respectfully submitted.

"I. T. WILSON,  
M. M. BANE,  
J. W. BARTLETT,  
JOSEPH ROBBINS."

Appended, is the communication of Dr. Bassett, referred to above:

"QUINCY, Ill., Nov. 9, 1867.

"DR. I. T. WILSON—*Dear Sir*:—At your request, I have the honor to communicate to you, in writing, the substance of the remarks which I made, last evening, before the Committee of the Adams County Medical Society having under considera-

tion the charges pending against me, of having violated the Code of Ethics of the Society.

"It is a matter of serious regret that the course which was made the basis of those charges—including the publication of my circular letter to the profession, and the contents of the letter itself—should have subjected me to the suspicion of an intention to violate the ethics or compromise the dignity of the medical profession. While pursuing that course, I conscientiously endeavored to keep within the bounds of professional usage—never losing sight of my responsibility as a professional man—and if I transcended those bounds it was not my intention to do so. If an unprofessional use was made of my letter, it was without my consent and contrary to my wishes, and no one can regret it more than myself. My judgment approved the course which I pursued, but could I have foreseen that my motives would be misapprehended, and my professional brethren compromised by it, I should have avoided it.

"Respectfully,

M. F. BASSETT."

One member of the Committee, Dr. Ralston, dissented from the report of the majority.

The report was received, and, on motion of Dr. Wilson, the case was dismissed by the following vote:

*Ayes*—Drs. Watson, Bartlett, Wilson, Robbins, Kendall, Helms, Cox, Bane, Landon, Bonney, Leach, Martin—12.

*Nays*—Ralston, Stahl—2.

The Censors reported Dr. Julius Guënthner as having graduated at the New Orleans School of Medicine, his diploma bearing date April 15, 1857, and recommended his admission. On motion, he was regularly elected to membership.

Dr. Robbins proposed Dr. E. W. Goodwin for membership, which proposition was referred to the Censors.

The reading of essays being next in order, Dr. Landon, of Burton, read a highly interesting paper on the "Treatment of Acute Pneumonia." After some remarks on the paper by Dr. Ralston, and on his motion, Dr. Landon received the thanks of the Society for his essay.

Dr. Wilson, whose appointment as essayist was continued at the last Quarterly Meeting, was excused from further duty in that capacity, as he stated that the paper, which he then had prepared but was prevented by indisposition from reading, would have lost its interest, because the time had passed by when it was applicable.

Dr. Landon reported, verbally, three cases of paralysis complicating intermittent fever, in two of which the paralysis seemed to take the place of the agueish paroxysm, coming on in both cases at the time when the chill should have been expected. In the first case—hemiplegia—the paralysis still continues, after a lapse of two years. In the second—paraplegia—the patient recovered the use of his limbs in about six weeks, and at the time when the malarial cachexia seemed to be entirely removed. In the third case—hemiplegia—the paralysis followed a convulsion occurring during the first paroxysm of ague, and still continues. In all the cases the chills were easily interrupted.

Dr. Watson suggested that these might be cases of cerebro-spinal meningitis, which, as he had observed it, was generally attended with chills, though the periodicity was apt to be irregular.

Dr. Kendall regarded them as cases of congestion of the spinal cord, which might occur in intermittent, as in any other form of fever; and believed that cerebro-spinal meningitis was not a new or distinct disease, but a complication of fever, generally typhus.

Dr. Leach thought that Dr. Landon could not have been mistaken in his diagnosis. Like himself, Dr. Landon had encountered an epidemic of cerebro-spinal meningitis, in the same locality, and understood its characteristic features.

Dr. Stahl asked permission to withdraw from membership in the Society, saying that he had abandoned the practice of Medicine, and had no intention of resuming it; that he had ceased to read medical books, and did not feel like participating longer in the active business of the Society.

On motion of Dr. Ralston, Dr. Stahl was unanimously requested to retain his membership.

Dr. Stahl thanked the Society in a feeling manner for their kindness, but said that, for the reasons he had given, he felt that the time had come when he should lay off the harness.

Accordingly, on motion of Dr. Wilson, permission was granted him to withdraw.

The Society proceeded to the consideration of the charge preferred against Dr. E. D. Helms, at the last Quarterly Meeting, of having violated Article VIII of the By-Laws, by joining the so-called Quincy Medical Society, made up, in part, of expelled members of the Adams County Medical Society. The charge was read, and the Secretary reported that he had served Dr. Helms with a copy thereof, as directed by the Society.

Dr. Helms, being present, admitted that he had joined the so-called Quincy Medical Society, but claimed that it was not an infraction of any rule of this Society.

It becoming apparent that a full hearing of the case would protract the session to an hour unseasonable for members residing out of the city, it was ordered, on motion of Dr. Bassett, that the case of Dr. Helms, together with the case of Dr. Baker, against whom similar charges were pending, be referred to the Annual Meeting in May.

It was ordered that the proceedings of this meeting be published in the CHICAGO MEDICAL EXAMINER and *Chicago Medical Journal*. Adjourned.

JOSEPH ROBBINS, M.D., *Sec'y.*

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## Selections.

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### LETTER FROM PARIS.

PARIS, November 24th, 1867.

The *Bulletin de Therapeutique* has contained in its three last numbers an extremely judicious essay on

DELIVERY OF THE AFTER-BIRTH

in cases of miscarriage, of which it is worth while to give you an abstract. Dr. Gueniot, the author, observes that among other differences between a miscarriage and a regular labor, it is noticeable that in the former, the expulsion of the fœtus and detachment of the placenta begin to take place at the same time, instead of constituting two orders of phenomena essentially distinct, as in the latter case. Hence in abortion, hemorrhage is associated with the uterine contractions, throughout their entire duration.

On the other hand, the *complete* separation of the placenta is tardy of accomplishment, since the adherences are relatively more solid during the first months of gestation, and the contracting power of the uterus little developed. Moreover, even when the placenta be entirely detached from the uterus, the length and firmness of the neck of the womb opposes unusual obstacles to the expulsion of the after-birth. In view of all these considerations, it is easy to see that the danger of miscarriage belongs, not to the movement of the expulsion of the fœtus, which is usually unaccompanied by any difficulty, but to the separation and expulsion of the placenta. During this period, the patient is exposed to accidents resulting either from hemorrhage, or from retention and decomposition of the placental mass. Putrid infection, metritis, anemia, nervous exhaustion, shiverings, fever vomiting, dysuria, and various neuralgias may be expected in this connection. Finally, uterine phlebitis and metastatic abscesses may complicate a miscarriage, as in an unfortunate patient observed by Dr. Gueniot at the maternité.

The therapeutic problem suggested by the consideration of these possibilities, consists in determining the line of conduct required in different cases of miscarriages, to favor the complete repulsion of the placenta and its membranes, and to combat the various accidents which may have been determined by their retention. The necessities of the case vary greatly, according to the period of gestation, at which the miscarriage has taken place. During the first two months, if the placenta be not expelled together with the embryo, its spontaneous delivery is extremely slow, and the process may be prolonged two days, without entailing any danger upon the patient. Until, therefore, the period has elapsed, the physician is not called upon to interfere, unless in case of accident.

During the third and fourth month, the membranes are ordinarily ruptured at any early stage of the labor, before the placenta be completely detached, or the os sufficiently dilated. On this account, the placenta is expelled after the fœtus; but

the limit of safety in the delay must be shortened to twenty-four hours. Finally, in the fifth and sixth months, so much greater facilities exist for the expulsion of the after-birth, that its retention must be considered abnormal if it last more than twelve hours for the fifth, or six for the sixth month.

The precision of these limits is of the utmost importance, as then it affords the physician the first indications for deciding whether to intervene with the resources of art, or permit nature to take its course.

The author then classifies abortion into five types :

1st. The abortion has taken place, the delivery of the placenta has not, or it is incomplete, and no accident has occurred.

2d. Same situation as the above, but complicated by accidents.

3d. Abortion is complete, but the physician is in doubt whether the placenta be expelled or not.

4th. Fœtus and placenta had both been expelled, but accidents have occurred claiming intervention.

5th. Finally, abortion has not yet occurred, but it is recognized to be inevitable.

In the first case, as soon as the time fixed for the normal expulsion of the placenta has been overpassed, the physician has reason to *certainly* anticipate accidents, even if they have not already occurred. Moreover, the divers methods of intervention will become difficult of employment with every moment of delay, consequently, the indications for prompt interference are sufficiently pressing. On the other hand, this interference is always accompanied by certain dangers, and the decision for action or inaction, must in each case be based on a special comparison between present inconveniencies and future perils. It is certain, in all cases, that immunity from accident during several days retention of the placenta can only be observed when it has remained nearly completely adherent; as soon as it begins to separate, it is liable to putrefy.

The danger varies, moreover, according to the different periods already described. In the first, the small development of the uterine vessels saves the patient from the chance of dangerous hemorrhage, and the small size of the placenta renders its putrefaction a matter of less consequence. Hence chills, fevers, a certain pallor of the face, diarrhoea, and dryness of the tongue, are generally the greatest accidents to which the patient is exposed. Consequently, in view of the various inconveniences of active intervention, it is better for the physi-



cian to restrain his efforts to vigilant surveillance, in all cases of retention of the placenta after abortion, occurring in the two first months of gestation.

During the second period of gestation, the hemorrhage, though much more abundant, can still be readily mastered, by means of the vaginal tampon. But, after expulsion of the fœtus, the os contracts promptly, and speedily opposes a serious obstacle to the natural or artificial delivery of the placenta. A considerable mass is retained to putrefy, and may occasion a mortal infection. Hence the indication is urgent to deliver the woman artificially, as soon as possible, after twenty-four hours have elapsed without spontaneous delivery.

M. Gueniot then reviews the various agents proposed for effecting this delivery. He rejects traction on the umbilical cord, on account of its fragility. He admits that the index finger may occasionally be employed, but it is necessary the uterine neck be sufficiently open to give free passage to the finger, that the vagina permit the entrance of the hand, to the close vicinity of the os; finally, that it be possible to separate the placenta *en masse*.

The first condition is extremely rare a few hours after abortion, and never exists after several days. The realization of the second occasions great pain, and exposes the patient to contusions and lacerations. Finally, the third, the most important of all, is necessarily problematic. Hence the finger is to be regarded as a precarious resource. Pincers, curettes, hooks, are all more or less dangerous. Intra-uterine injections can only be employed with a return-current, which greatly diminishes their efficacy.

Having thus reviewed these various agents, M. Gueniot excludes them all in favor of three, upon which he places immense reliance, the prepared sponge, the uterine dilator, and the ergot of rye.

The dilator, you know, consists of a small India-rubber bag, introduced into the uterine cavity in a collapsed form, and then filled out with warm water. This, in virtue of a continued irritation produced on the internal sphincter, provokes uterine contractions nearly inevitably at the end of several hours. The bag constitutes an artificial substitute for the natural membranes that have been prematurely ruptured, and its action imitates nature as closely as possible. Not only provokes uterine contractions, but it mechanically enlarges the os, and, moreover, performs the office of a tampon in moderating the hemorrhage. For this last purpose, however, the caoutchouc bag is no more



infallible than the embryonic mass itself. M. Gueniot considers the dilator one of the most precious means for provoking the delivery of the placenta.

Where the prepared sponge is inserted in the uterine neck, it is recommended to accompany it by a vaginal tampon, as better security against hemorrhage.

Finally, ergot may be administered in doses of two grammes, (thirty-two grains,) and on M. Gueniot's testimony, is certain to determine uterine contractions in from twelve to eighteen hours. If the action is not sufficiently marked after the first dose, sixty centigrammes more may be given, which generally determines a prompt separation of the placenta, and its expulsion through the os.

Sometimes, unfortunately, the ergot occasions a tetanic constriction of the neck, and complete imprisonment of the placenta. This accident, however, rarely occurs during the first half of gestation. On the other hand, a uterus exhausted by long continued labor, is peculiarly liable to ergotic tetanus. The accident must be combated by baths, emollients, and narcotics. Since ergot alone does not prevent hemorrhage, a tampon must always be at hand, to provide against this latter exigency.

M. Gueniot ranks the foregoing agents in the order in which I have specified them; and considers the use of the finger, or of intra-uterine injections as ultimate resources, to be appealed to only when others fail.

In abortions of the fifth and sixth month, the accidents provoked by the retention of the placenta are nearly as formidable as at term. In this case, the dilatability of the vagina and of the os enables the placenta to be directly extracted by the hand, and this proceeding is indicated as soon as the delay of twelve or six hours has been overpassed.

In the second class referred to above, where accidents exist, these demand attention before everything else. Whether the normal delay be accomplished or not, it is incumbent on the physician to intervene in the artificial extraction of the placenta as soon as abundant hemorrhage or signs of purulent injection are manifested.

If the placenta be only partly engorged in the os, and its principal portion be retained above the internal sphincter, it is better to have recourse to ergot than to traction, which may tear the mass. In case of hemorrhage, ergot should be employed conjointly with the tampon. In case of purulent infection, ergot and intra-uterine injections, with internal tonics.

Ergot should not be employed if the purulent infection dates from several days, as, in that case, the uterus may be considered to be stupefied and paralyzed.

In the third case, the doubt concerning the expulsion of the placenta will be removed if accidents occur, or if, after prolonged waiting and repeated examinations, there is no accident.

In the fourth case, since by the supposition the accidents are supposed to exist *after* the expulsion of the placenta, this treatment becomes a problem of general therapeutics.

In the fifth case, as soon as the miscarriage is recognized to be inevitable, the physician should endeavor to favor its accomplishment.

#### SPONGE-PESSARIES.

The distinguished physician, Guendan de Mussy, also contributes a note to the *Bulletin*, on the use of sponge-pessaries, of which he highly approves. He remarks that a reaction has taken place against the exaggerated ideas of physicians some years ago, who regarded all deviations and flexions of the uterus as pathological conditions requiring active medical intervention. But the reaction has carried opinion as much too far the other way, and it is too often ignored, these anomalous positions may seriously derange the circulation, or, in predisposed patients, determine all sorts of sympathetic nervous affections. The pessary comforts the patient, and if it does not cure the disease, at least puts the organ into favorable conditions. Where the uterus is conical, the sponge should be depressed in the middle, like a mushroom, to receive the neck. In cases of retroflexion, the sponge should be spread out in a fan-shaped form, having a central prominence to support the *museau de tanche*, while the limb of the fan sustains the *cul-de-sac*.

It is recommended to coat the lower third of the sponge with yellow-wax, to render it impermeable to the urine. The wax should be melted, the sponge immersed in it, and allowed to cool, and again immersed, and so on until a thick coat be formed.

#### TREATMENT OF DYSENTERY.

Dr. Beaufort has presented several considerations on the treatment of dysentery, which disease he considers to be essentially allied, as to its cause, with intermittent fever. Both depend on the combination of heat and damp in the weather. If dampness is occasional, and heat intense and constant, inter-

mittent fever is produced; if the dampness is constant, and the heat liable to brusque variations, dysentery occurs. The common cause is the effluvia from decomposing vegetable matter. One of the first phenomena is congestion of the system of the portal vein, and relief of this congestion constitutes the ultimate therapeutic indication. In the treatment of dysentery, it is necessary, first, to empty the large intestine of altered and irritating mucus, by means of evacuants and absorbing alkalines, (chalk and subnitrate of bismuth;) second, coagulate sanguinolent and albuminoid matters on the surface of the intestine, by means of injections of neutral perchloride of iron, ten to twelve drops in half a lavement of warm water, repeated two or three times in the twenty-four hours. By this means the mucous membrane becomes protected and enabled to heal. Third, diminish congestions of the portal system, sometimes by leeches at the anus, but principally by the use of ipecacuanha, which acts as a stimulant to the vaso-motor system.

#### GANGRENE OF THE MOUTH.

Dr. Leavit reports a case of gangrene of the mouth occurring in a child of three years old, already affected with tuberculous enteritis, and which he succeeded in curing by the application of creosote in which camphor had been dissolved. The disease commenced with two ulcerations, round, hollow, white, which were situated in the gingivo-labial fold. Their contents were characteristic, grumulous, dry, and white. In twenty-four hours the ulcerations had greatly extended, were black at the periphery, grumulous at the centre, the mucous fold toward the nose was profoundly excavated, the gum superficially destroyed in an extent of fifteen millimetres, and a fistulous point existed under the lip. An odor of gangrene was exhaled. On this day, for the first time, three cauterizations were made with the camphorated creosote. The next day notable amelioration, inflammatory reaction. In the evening, cauterization with camphorated creosote diluted with alcohol. Two more powerful cauterizations and several with the diluted fluid were made subsequently, and ten days after the first, the cure was complete.

#### CROUP CURED BY TRACHEOTOMY.

At the Société des Hopitaux on the séance of the 8th, M. Roger mentioned a case of croup cured by tracheotomy. Several days elapsed before the canula could be withdrawn, for the child immediately exhibited symptoms of suffocation as soon as the attempt was made. Recourse was at last had to Faradisa-

tion of the larynx, and from the day of the first application of electricity, the little patient was able to breathe without the canula during the day, if only it was replaced at night. The tube was not definitely withdrawn till a month after the operation.

At Hotel Dieu, M. Moissenet has had a case of membranous angina confined to the right tonsil. This organ was covered with a thick layer of membrane, having a fetid odor. The disease was overcome by applications of tincture of iodine.

M. Moissenet considers diphtheria less dangerous when it attacks the tonsil, than when it invades the soft palate.

Also at Hotel Dieu, M. Isambert, in speaking of a slight epidemic of small-pox that had occurred in his wards, took occasion to praise highly the use of repeated warm baths, which he did not fear to commence even during the period of the eruption. The warm bath, (given of course in the ward,) has the advantage of diminishing the burning heat of the skin, suppressing the inflammatory areola which surrounds the base of the papulæ, without hindering their suppuration. The cicatrization seems to be less deep and indelible. Emunction with mercurial ointment, was also found to be very useful in preventing cicatrices on the face, without occasioning the painful constriction determined by collodion.

At the Hospice des Incurables, recently died a patient affected with leucocythemia. At the autopsy, the spleen presented the following diameters. Vertical 32 centimetres, transversal 22, antero-posterior 19. It weighed two kilogrammes, its tissue was softened, and contained an infarctus. The liver also was hypertrophied. The kidneys the seat of fatty degeneration, although no albumen had been discovered in the urine. The heart was fatty, and the large vessels filled with clots. Some granulations existed on the mucous surface of the large intestine, and two infarctus in the duodenum.

M. Dumontpallier communicated a case of severe hiccup, which was finally cured by electricity. One pole of the battery was placed on the cervical vertebræ near the origin of the phrenic nerve, the other on the border of the cartilage of the last ribs towards its sternal extremity. Hardly had the current traversed the chest, when the patient uttered a loud cry, the hiccup became transformed into a sob, and ceased abruptly. It reappeared two hours afterwards, and yielded again to electricity, complete interval of nine days, then the hiccup reappeared during several hours, but this time was definitely cured by electrization.—*Med. and Surg. Reporter.*

## INVERSION OF THE UTERUS.—NEW MODE OF REDUCTION.

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By Dr. FESSENMAYER, of Altkirch.

The 29th December, 1863, I was called to a young woman, 20 years old, primiparous, delivered on that day, and subsequently having flooded considerably. I recognized by the touch a complete inversion of the uterus. The os tincæ, which bounded the summit of the vaginal tumor, was very close. Attempts at reduction were fruitless, and renewed the hemorrhage. Moreover, the volume of the uterus was too great for reduction through the os tincæ. I prescribed hemostatics and astringent injections.

A few days before, I had made use of an India-rubber ball as a tampon, for a case of partial adherence of the placenta to the cervix uteri. Labor commenced as usual, with a very abundant flow of blood. The inflated ball arrested the hemorrhage, at the same time promoting the contractions. The dilated neck allowed the introduction of the hand to detach the placenta and disengage the head, which was presenting. The numerous advantages offered in obstetrical practice by the inflated ball presented themselves to my mind, on returning home from my visit to this lady. I observed, also, that her perineum and fourchette were intact, and immediately conceived the idea of employing the rubber ball to attempt the reduction of the inverted uterus. I proposed this operation to the lady, making a delay of its trial for several weeks, that the uterus might become disorged. It was six months before I had an opportunity to put in practice this plan of operation. The existence of uterine inversion was unknown to the midwife and the other wise heads of the neighborhood. I myself had only lived there six months, and public opinion was not favorable to me.

July 10th, 1863, she was brought to me in a carriage. Her features were greatly changed; she was very anæmic; her lower extremities were œdematous; a chronic bronchitis was wearing her out. From the vagina flowed a grayish sanies, profuse and fetid; her catamenia had scarcely an eight days' interval between periods. She was too weak to sit up, and they had to bring her from the carriage on a bed. On examination by the touch, I found the uterus inverted, very small, quite disorged; the os tincæ was hard and flattened upon the neck.

As this woman lived several miles from my residence, I had to give my instructions to her father, and explained to him the results which I expected from the inflation of the tampon ball. The one I had was tolerably strong, and one could easily give it the volume of a child's head at the eighth month of intra-uterine life. I required the woman to bear a pressure slightly increased every day, so as to attain, at the end of several days, the above-mentioned volume. I prescribed emollient injections morning and evening, and advised her to remove the apparatus at stool and in urinating, if there was too much pressure.

On the morning of the ninth day, the father used rather more force than usual in distending the ball, and she suffered all day from colic and pains extending from the hypogastrium to the breast. She had the fortitude not to alter the apparatus, thinking that it was producing its effects, and her instincts did not fail her. About 4 P.M., the pains ceased, and the next day the father no longer found the tumor in the vagina. The introduction of the ball was, however, continued.

Three days after, 22d July, I visited my patient, who considered herself cured. The vaginal discharge was slight. By the touch I found the uterus in place; the finger still easily penetrated the neck, in the midst of which was distinctly felt a transverse ring, the size of the little finger. A fortnight subsequently, this little opening was still perceptible in the anterior and middle part of the neck, which besides was almost firm.

From the 20th July she began to mend. The catamenia appeared three weeks later, thenceforth always regular as before her marriage. The cough slowly abated. Pills of protiodide of iron contributed to the recovery, and the anæmia rapidly disappeared.

This new method of reducing an inverted uterus had sustained the proof of trial, and given success in a case where I dared not hope for it. But how would it answer in a recent case of inversion? The following observation allows me to state fortunately.

The 4th December, 1865, I was called to a lady delivered two days before. There had been profuse flooding. She had vomiting and a swollen abdomen. I found her very weak and anæmic. The abdomen was distended. In the hypogastrium there was a large tumor, which I took to be the bladder, from its elasticity. In endeavoring to confirm my diagnosis by vaginal examination, I was astonished to find a complete inversion of the uterus. I drew off, with the catheter, four *litres* of urine; I treated constipation with enemata and a laxative; and



postponed for several weeks attempts at reduction, by reason of the large volume of the uterus. One month later, I sent to her husband, not a tampon ball, for her perineum was impaired, but a large India-rubber pessary, with an inflater. This pessary presented a flat, horizontal portion, which gives a larger point of support when the perineum is ruptured.

After applying the apparatus and indicating the method of distending the pessary, I required the husband to act as in the preceding case. At the time treatment was begun, the uterus was engorged, but its volume was little greater than normal. She was always œdematous, on account of excessive anæmia. Notwithstanding this unfavorable condition, toward the evening of the third day, as I had foreseen, she felt *strong pains extend from the lower abdomen toward the breast*. At the end of four hours they ceased, and the uterus was reduced.

The catamenia returned only on the 1st March. The 10th March, 1866, I could assure myself that the uterus was in its natural place and had recovered its normal volume. This woman was not confined to bed during treatment, as she was obliged to attend to household duties. An abundant serous discharge existed from delivery until the reduction of the uterus; from this time it entirely disappeared. She rapidly recovered, and her health soon became perfect.—*Gazette Médicale de Strasbourg*.

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#### ARTIFICIAL PROCIDENTIA UTERI, AS A MEANS OF MORE EFFECTUAL TREATMENT OF CANCER OF THAT ORGAN.

By E. F. GORDON, M.D., Mobile, Ala.

In proposing such an extreme plan, I am aware that I am running counter to the experience of distinguished men, and to the present teachings of surgery and medicine.

Let us for a moment review the history of the course and treatment of cancer of the womb, as we ordinarily meet with it. We are summoned to take charge of these cases usually, when the pains, hemorrhages, and putrid discharges alarm our patients.

It is the fate of our laboring classes that, as their hardier frames bear pain better, we rarely see them until the disease is far advanced. The two forms of carcinoma, fibrous and encephaloid, are unfortunately common, and the latter strides on



with fearful rapidity. The epithelial, first described by Sir Charles Clark, as the cauliflower excrescence, pours out at an earlier period a profuse serous discharge, oftentimes acrid, but not at that stage offensive, and in this way, and from the fact of its slower march, is oftener seen by the physician while yet confined to the original cervix.

It is unnecessary here to enter into the pathology of this neoplasm. Whether it is, according to Chambers' view, a defect of vital force which equally predisposes to the deposition of tuberculous and cancerous matter, by degeneration of the blood, it is only too well known that its progress is always towards destruction.

Those of us who are in daily contact with this disease, are familiar with its loathsome train of symptoms, and with the inevitable result, sooner or later, but generally after two years of terrible suffering.

The standard authorities advise for treatment that we endeavor to improve the general health by bitter tonics, and to confine ourselves to allaying pain by anodynes, checking hemorrhages by astringents and the tampon, and keeping down offensive odors by chlorinated washes. In former times, starvation was occasionally practised, and an exclusive vegetable diet was recommended by Dr. Twitchell of New England, from the result of a case under his treatment, but I fear it only adds to the broken-down condition of the patient.

Internally, all the more powerful articles of the *Materia Medica* (arsenic hardly yet abandoned) have been tried and found wanting. Locally, the actual cautery, Vienna paste, chloride of zinc, chromic acid, bromine, and latterly the solvents of cancer cells, such as acetic, citric, and carbolic acids, have been, by turns, the favorite, but have failed in the end to justify the anticipations of their advocates. Excision of the cervix has been tried extensively by the French surgeons, and in a more restricted way by others. But the task is so hopeless, and so dark with painful forebodings, that we shudder when we are summoned to take charge of such a case, and to bid our patients, like the Third Richard, "despair and die."

It is with a desire of abridging such scenes as this, and, if possible, to place the uterus in a position where it can be daily inspected and rationally treated, that I have to propose the induction of procidentia by artificial means.

Is there anything in the anatomical relations of the uterus to forbid the effort? Bear with me while I condense a statement of these relations. This organ is attached to the bladder

and rectum by folds of the peritoneum, which are sometimes called the anterior and posterior ligaments. The peritoneum reflected upwards covers the anterior and posterior surfaces of the uterus enclosing the organ between two of its layers. These layers meet together at the sides of the uterus, and pass off to the lateral walls of the pelvic cavity, dividing the pelvis transversely.

In this way the peritoneum forms the principal part of the broad ligaments. The fibrous or muscular structure of the uterus itself also extends into these ligaments. They contain besides the Fallopian tubes, the ovaria, the round ligaments, with bloodvessels, nerves, and lymphatics. The round ligaments arise from the upper angles of the uterus in front of the Fallopian tubes. From this origin, each ligament passes to the inguinal ring, descends the inguinal canal, turning round the epigastric artery, and its fibres are inserted into, or are mixed with, the structures of the mons veneris. The length of the round ligaments is from four to five inches.

The external traverse fibres of the proper substance of the uterus are prolonged into the round ligaments, of which they form a constituent part. Some fibres of the internal oblique muscle also enter the lower part of the canal, and extending upwards, contribute to the formation of the ligament. The ovaria are connected with the uterus at the point of insertion of the Fallopian tubes by a fibro-cellular cord or ligament, prolonged from the proper substance of the uterus (Tyler Smith). The womb rests upon the upper end of the vagina, which encloses its cervical or neck portion, and keeps it up in its place, by means of its connection with the bladder in front and the rectum behind, and more than all, by two utero-sacral ligaments, which tie the upper ends of the vagina and womb to a certain place about an inch and a-half in front of the apex of the sacrum. As long as the utero-sacral ligaments remain in a healthy state, preserving by their tone a due length, the womb cannot fall downwards or prolapse, because the cervix, being enclosed within the upper end of the canal of the vagina, cannot move down unless the upper end of the vagina move down also. Prolapse pulls upon and stretches all the ligaments—the broad ligaments by far the most. The vagina suffers displacement proportionally with the prolapse. It is inverted, its walls being doubled upon themselves, and its cavity progressively shortened until it is entirely effaced.

This displacement is always in a direction corresponding with the axis of the vagina and different portions of the pelvis,

and follows the curve formed by the hollow of the sacrum and continued by the perineum (Byford). There is nothing then to prevent prolapsus of the uterus but the tonicity of the ligaments suspending it, and holding it from above, and the vagina supporting it from below. When the uterus is enlarged and presses down, and when the ligaments are relaxed and weakened by long-continued strain, or an impoverished condition of the system, prolapse is apt to occur *spontaneously*.

"Does the disease itself (cancer) change the parts so early as to make the effort dangerous?"

There is a singular unanimity among writers as to the part in which uterine cancer begins, and from which it extends itself. Prof. Rokitanski, of Vienna, whom Simpson pronounces "perhaps the most experienced and profound morbid anatomist of the present day," says, "carcinomatous induration generally limits itself to the vaginal portion and cervix, and very often in a defined and sharp manner." In another paragraph, he remarks, "the primitive seat of cancer is always the cervix uteri, and first of all and particularly the vaginal portion. The primary appearance of cancer in the fundus uteri is limited to so extremely rare cases, that what we have just said remains one of the *most fixed rules*. It forms," he adds, "in this respect, a contrast with fibrous and tuberculous tumors of the uterus."

"Uterine cancer," says Prof. Walshe, a very high authority, "is commonly primary, and possessed of comparatively slight tendency to contaminate the system generally." And again, "there can be no question that the womb ranks among those organs less prone than certain others, as, for instance, the mammæ and testes, to contaminate the distant viscera. Among thirty-seven females dying of uterine cancer, and examined by M. Ferrus, *seven* only exhibited secondary formations elsewhere." Scanzoni remarks, and his experience is worthy of attention, for he has tabulated one hundred and eight cases treated by himself in eight years: "Among all the parts of the uterus, it is almost exclusively the vaginal portion which is the starting point of the disease; in fact, although observations exist of cancers which are developed in the body, or near the summit of the uterus, while the neck was entirely untouched, or elsewhere, the infiltration was equally spread throughout the organ, such cases ought to be considered as rare exceptions."

The progress of the growth is very generally from the neck upwards, and from the interior of the cavity outwards. It struggles on in this way for perhaps six months on an average,

before the infiltrations extend to the vagina and peritoneum, and finally to the rectum, bladder, and inguinal glands. In younger persons, menstruation seems to hasten the development, but after its cessation, at the change of life, the advance is slower. It is plain then that we must limit our efforts to produce artificial procidentia to the early period of this disease, while yet the uterus is moveable, and before the peritoneum is involved, as we would risk producing intense peritonitis by tearing that membrane if diseased, besides the utter hopelessness of ultimate cure when the abdominal structures are already implicated.

At this stage, too, you avoid the hemorrhage incident to bruising the fungosities, which, at a later period, shoot from the neck. The canceroid or epithelial form presents the most hopeful aspect, from its later tendency to deep ulcerations and adhesions. Its character is well given by Virchow, who first recognized it in the list of papillary tumors. Mayes says it is not a cancer, but a peculiar excrescence of the female genital organs. At first, it is purely local and nowise constitutional, but after a time it assumes a cancerous character. The enlarged papillæ are covered with looped capillaries, which abundantly supply them with blood, and present that red strawberry appearance which bleeds on the slightest touch. Subsequently, canceroid deposits take place deeper among the muscular fibres and connective tissue. The scirrhus or fibrous comes next, and may, in a few instances, be seen early enough, but the encephaloid will be apt to have advanced so far as to baffle all our efforts, and to forbid the attempt to bring the organ down.

I proceed to the next point—the best plan of effecting procidentia. Two modes suggest themselves: one is to attach a wire to the cervix, by passing it around or through the latter, and by suspending a moderate weight to it, by which we may tire out the ligaments. This is open to the objection of being very slow and disagreeable, and confining the patient to the recumbent or sitting posture; and also that the wire might irritate or cut out if much traction was necessary. A gum-elastic cup and cord might be substituted, by which, the air being exhausted, a firm but slight pull could be kept up, without the inconvenience of the wire and weight.

The plan that seems to me most feasible, is to place the patient under the influence of chloroform, so as to obtain the double benefit of complete relaxation of the tissues, and the protection of the patient from the suffering and shock induced by the anæsthesia. By means of Museaux hooks, the uterus

can be pulled down gently, following the axis of the pelvis and vagina until it reaches the vulva. This can be repeated two or three times a week, watching the effect on the patient, and endeavoring at each trial to protrude it a little further. In two months we might hope to establish complete procidentia, and accustom the patient to it, so as to avoid the sinking and nausea attendant on the operation. Large doses of opium such, as are used after ovariectomy and in puerperal peritonitis, might be resorted to for the purpose of establishing toleration, after the prolapse was obtained.

Is extirpation of the cervix uteri necessarily dangerous?

It will be remembered that this operation was first suggested in modern times, and performed by Oslander, of Gottingen, about the year 1822, and that soon afterwards it was brought into vogue by Lesfranc, who reported ninety-nine cases, with a loss, I think, of only fourteen.

This was in a formal dissertation submitted to the French Academy.

It will also be borne in mind that M. Panly, who was an interne at La Pitié at the time, proves conclusively that these statistics are entirely unreliable, many of the cases having been reported twice under different names, and a large number dying between the first and fourth day. Again, he furnishes a list of nineteen cases in private practice, where, under the same operator, the mortality was nearly one-half.

This would seem to make against rather than in favor of the operation; but when we consider that, at that day, the diagnosis of cancer was very imperfect, and that the cases were operated on without any reference to the stage of the disease, it is only a matter of surprise that so many of them should have recovered.

It would seem that the operation had never attained any popularity in Great Britain until revived by Simpson, who reports eight cases, six of them successful, and only one proving fatal. Three of these cases cured were cancerous.

So far as regards the dangers of the operation, Simpson remarks, that he has not met with troublesome hemorrhage, although using only the bistoury and scissors, and that the shock which is described as being so fearful, by many writers, did not occur in any of his cases.

Chaussaignac, since the invention of his ecraseur, has again popularized the operation in France, and must have performed it many hundred times, extending its application to hypertrophies of the neck and even ordinary prolapsus.

By his instrument all danger of hemorrhage is removed, and by the use of chloroform the shock is much lessened or entirely obviated.

Dr. J. Braxton Hicks says, "he has operated or been present in more than twenty-eight cases, and has never seen any fatal result or any untoward symptom whatever."—*Guy's Hospital Reports*.

Any one who glances over the medical journals of late years, is struck with the frequency of this operation and how little danger is attached to it, and all the systematic treatises now recognize it as justifiable, not excepting Scanzoni, who is extremely conservative and cautious in recommending surgical interference.

\* In point of fact, Sims' favorite operation of bifurcating the cervix for the cure of dysmenorrhœa is quite as severe, the incisions being as extensive, though in an opposite direction. I may add, that he seems to fear hemorrhage more than most surgeons, tamponing with perchloride of iron to prevent it, and cautioning against its removal or any exercise for three or four days.

Can the uterus be removed without a fatal result?

I do not wish to dispute the assertion that it is one of the most dangerous operations in surgery to attempt its removal *in situ*.

Statistics conclusively prove that out of nineteen cases quoted by Breslau, two only had succeeded—Langenbeck's and Recamier's—Sauteis is mentioned by some authors as a third, although the patient died in a few weeks after of a colic. Blundell performed the operation three times, only once succeeding. His method of operating, by retroverting the organ and pulling it out by Douglas' cul-de-sac, seems to me the most feasible. I saw an uterus after it was extirpated by Dr. Paul Eve, then of Augusta, Ga., in 1850. The patient lived for several months afterwards, but died subsequently from a return of the cancer.

Dr. Storer, of Boston, removed, last year, a large tumor, containing the womb and appendages, from a patient who is represented to have made a good recovery. In such a case you have many of the same difficulties to be overcome and dangers to encounter as in ovariectomy.

Apart from the cases in which nature has done more than half of the duties of the operation, by precipitating the organ out of the vulva; by isolating it from the important parts with which it is in relation in the ordinary state; by having also prepared the way, by long habitude, for the void which the



absence of the uterus occasions in the pelvic cavity. Apart from these cases, in which the ablation is easy and little painful, *and attended with certain success*, the extirpation of the uterus constitutes one of the most frightful operations, even to the rashest surgeon, and is the most dangerous to the patient. This is the admission of Duparcque, while denouncing the operation, and is well worthy of our attention. For if spontaneous procidentia deprives this most terrible ordeal of all danger, then we ought to imitate Nature's plan of effecting such a displacement preparatory to the removal of the womb. Women have been known to cut off the prolapsed womb with an ordinary knife, and many surgeons have amputated the organ, to relieve patients from the inconvenience of the dragging and discharges, especially after inversion. Sims reports such a case in his late book, and Dr. Choppin, of New Orleans, relates a case of prolapsus in the February Number of the *Southern Journal of Medical Sciences*, cured by ablation. He jestingly remarks that the woman was afterwards presented to the Class "with her womb in her hand," thus demonstrating that the uterus could be removed without causing death.

The advantages, then, of treating uterine cancer by means of artificial procidentia are, that you can make your applications with more accuracy and certainty; that the vagina will be less excoriated by the discharges, and that adhesions cannot be formed in such a way as usually bind the womb above; that, day by day, you can watch the progress of the disease, and if you find it encroaching on the cervix, it can be cut off in a few moments by the scissors, or more slowly by the ecraseur; and, lastly, if the cancer still advances and implicates the body, a way has been prepared for its entire removal.

For I think the evidence is conclusive that toleration of the procidentia is equivalent to toleration of the operation for removal.

Another point here comes up, the justification of any or all surgical operations in cancerous tumors.

In 1850, I heard an able report read by Professor Mussey, of Cincinnati, against the propriety of such operations, founded on the experience of American surgeons, but I think quite a change has occurred since then in medical opinion. Mr. Birkett, of Guy's Hospital, London, published a paper in 1866, giving his experience in one hundred and fifty cases, covering a period of eighteen years. It is carefully prepared, and his deductions are given with great circumspection and are entitled to much respect. He sums up by saying: "In conclusion, I



trust that I have demonstrated to my skeptical professional brethren, that a certain proportion of cancer patients can receive benefit by submitting to the removal of the first growth of the disease, and that the benefit derived from the operation is two-fold, viz.: 1st, prolongation of life; 2d, exemption from disease for a considerable period of time in many instances."

It may seem irrelevant or superfluous to have discussed the surgical questions alluded to in this essay, but I do not think artificial procidentia justifiable, unless surgical interference in all its various grades may be resorted to with propriety.

To recapitulate. I have endeavored to show, 1st, that there is nothing in the anatomy of the parts to prevent the induction of procidentia, but that in fact it occasionally occurs spontaneously. 2d. That in the early stage of cancer, adhesions do not exist to such an extent as to render it dangerous or impracticable; and, 3d. That applications of caustic can be made more accurately to the prolapsed organ; and that amputation of the cervix, and, in extreme cases, ablation of the entire uterus, can be practised with safety under these circumstances.

I am aware that it may be said that all these operations can be performed without all this long preparation and infliction of suffering, but my own experience warrants me in saying that the old plan has invariably failed in our hands in arresting the disease, and anything that offers more chances of success should not be discarded without a fair trial.

I am sorry, however, to be obliged to confess that this paper was prepared about eight months ago, and, during the interval that has elapsed, I have not found a case in a sufficiently early state of development to enable me to apply the proposed method.  
—*New Orleans Journal of Medicine.*

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#### CASE OF POISONING BY ALCOHOLIC EXTRACT OF BELLADONNA.

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As the following case presents several points of interest, I transmit it with but few comments:

December 28, 1866, feeling indisposed, I ordered for myself: Sulph. quin., grs. v.; ext. coloc. do., grs. x.; pil. mass. hyd., v., M. Ft. pil. No. iv.

I received the four pills, two of which I at once took, and soon after retired (about eleven A.M.) I slept but little, but was not very restive, and did not observe anything peculiar in

my sensations until near eight A.M. the following morning when on putting my foot on the floor, I came near losing my balance and staggered some distance across the room, unable to support myself steadily, or regulate the movements of my legs. Dressing with much difficulty, I managed to reach the surgery, where, seating myself, I commenced prescribing for the sick. I now, for the first time, found that I was unable to read the names on the sick report, the page appearing perfectly blank. Up to this time I had not been able to control my thoughts. On rising, I remember that I had a faint idea that something was wrong, but was unable to say what; the acts in putting on my clothes were performed nearly involuntarily, the prominent idea being the necessity I was under of being punctually at my post at sick call. Not seeing any names on the sick report, I asked the steward the reason, and then discovered that I could not control the movements of my tongue. I managed, however, to make myself understood, and was informed that the names were there. I remember that then, by a strong impulse, I collected my thoughts to endeavor to ascertain the cause of my disability. The first thought which presented itself was that I was drunk, but this I rejected, as I could not remember having drunk any intoxicating liquor the preceding day. Next, I ran over my actions the evening before, and I recalled the two pills I had taken, recollected their composition with difficulty, and the thought then struck me that as the extract of colocynth and extract of belladonna were both put up in pots much alike, one had been mistaken for the other. I remember that I recalled the amount I had probably taken, and determined that I would prescribe for the sick, if I could neither see, speak distinctly, nor stand steadily, before I retired to my room. I ordered the steward to call the names out, and when the first man came up I could see his outline, but could not recognize his features. I, however, remembered his name and what should be the matter with him, and having his last prescription read out, I continued it, afraid to trust myself in prescribing. In this way, with few changes, and then careful to use the simplest of medicines, I saw, or rather did not see, some thirty sick, for each of whom I prescribed, or continued his former prescription.

I then returned to my room with a brain whirling, a dull, heavy pain in the back of the head, and my mind wandering from time to time. I recollect distinctly trying to collect my thoughts, and using the utmost exertions of my will to keep them fixed, so as to try to remember the smallest fatal dose of the extract of belladonna, and to recall all the symptoms of

poisoning from that drug, and their proper treatment. I came to the conclusion that I would treat myself on general principles. I had some strong coffee brought and put before me, and drank cupful after cupful. I sent for whiskey, and mixing it with the coffee, I continued its use, taking also, during the day, several half grain pills of morphiae sulph.

This treatment relieved the giddiness. I found my mind ceased to wander, and though a vague feeling—a feeling of vacuity—of a lack of something, still continued, together with a severe pain in the back of the head whenever I tried to think, I felt better. I now tried to examine my eyes in a glass, but could only see a general outline. However, by going across to the other side of the room and looking at the glass, I managed to discover that my pupils had expanded so that I could see no iris. As I now look back to this period, everything—my thoughts and actions—all seem vague and misty; though I remember them, and that distinctly, still the thoughts seem to have formed themselves under the power of a strong effort of the will, and that the least relaxed, the thought would escape. So too, with my actions. In walking, I can remember that on fixing one foot on the ground, it required an effort of the will to raise the other, and much judgment in so placing it that the body's centre of gravity was preserved. My arms and legs—but the latter not to the same extent—felt numb and cold to my touch. With great difficulty I held anything in my hands. By noon, or four hours since I first noticed the effects of the poison, I was able to visit and prescribe for some twenty patients in hospital, but returned greatly exhausted. This state continued all the afternoon and evening, and I passed a sleepless night; my mind wandering, and vague and misty visions presenting themselves. For two days my vision continued much impaired, and it gradually became normal as the pupils resumed their usual size.

While my vision was most impaired, I noticed objects nearly as well as ever a mile or two out on the prairie, though if I looked attentively, the effort became exceedingly painful. The action of the brain slowly became normal. Exertion of any kind—even the reading of the simplest book—caused intense fatigue, and a dull, heavy pain in the back of the head. These symptoms, together with great lassitude, continued for two or three weeks. There are a few symptoms that I have neglected to mention. Colicky pains and dryness of the mouth and throat presented themselves on the second day. The dejections for several days were dark colored, and extremely offen-

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sive, and the urine was voided frequently and in large quantities. Some days after these symptoms, I noticed on my hand a large red blotch, which disappeared on pressure, and which, in the course of a week, faded, leaving the skin rough. For two months I felt lassitude, and but little mental exertion was required to bring back the peculiar feeling in the head.

I have described this case with minuteness, as its chief point of interest seems to me to reside in the control the will appears to have had over the cerebrum, constantly bringing the mind under control, and holding it to its work; and in the remembrance of things, and their appearance, seen with a brain and through optic nerves poisoned with belladonna.

In conclusion, I will only add that the amount of poison taken was five grains. The preparation used was Squibb's alc. ext., and, as I had supposed, it had been used for the ext. coloc. co. by the soldier whom I had been compelled to use as a steward.—H. A. Dubois, M.D., Assistant-Surgeon U.S.A., in the *Medical Record*.

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## NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, NOVEMBER 27, 1867.

DR. B. H. SANDS, PRESIDENT, in the Chair.

### VALUABLE EXPERIMENTS ON LIGATION OF ARTERIES.

Dr. Benj. Howard presented a series of specimens, stating, that as he had six recent cases to exhibit, he would, in description, confine himself to the chief points in the respective cases, and would endeavor to avoid a repetition of anything expressed upon the same subject upon a previous occasion.

The history of the first specimen I present, marked No. 5, is as follows: Desirous of observing the result of a simple apposition of the internal coats of an artery, I prepared a band of lead, about a line in width, smoothed all sharp edges, and polished it brightly; its length was such that, when doubled upon itself, it sufficiently exceeded the diameter of the artery as to allow of its being passed around the vessel, and the two ends clamped together, without any mechanical injury to the coats of the vessel. I applied this ligature in the manner described, to the right common carotid artery of a sheep, on the 17th of October. On the 23d of November, being thirty-seven days after the operation, I made an incision in the line of the cica-

trix, which was well healed, when I found, close beneath the surface, the ligature in a state of dryness, and waiting to drop from the cicatrix. The deposit of fibrine is seen to have been quite extensive, forming a solid mass from the artery to the integument. Through the whole extent of this will be observed a sinus communicating with the place where the ligature was found, and the point of its application.

The longitudinal section of the artery shows that the occlusion of the artery by fibrine at the point of ligation, and by a well-formed plug above and below it, is perfect. The ligature appears to contain in its embrace, the part of the artery it was made to include.

No. 6.—October 17. I applied to the right common carotid of another sheep, a lead-wire ligature, tying it loosely, diminishing calibre about two-thirds. November 22d, being thirty-six days after, I found this cicatrix healed, but at about its middle, a small fluctuating tumor. On making an incision through it along the line of cicatrix, the tumor was found to contain about a drachm of very thick pus, in which I found the ligature. The deposit of fibrine will be seen to be greater in this than in the last specimen; and through its whole extent, from its point of application to the abscess, the ligature had ulcerated its way. It is very interesting to observe the plug of fibrine, which is clearly shown *in situ*, by which the whole rear track of the ligature has been closed up as it advanced toward the integument.

The longitudinal section shows, as do others, that at the point of ligation, for the portion of artery destroyed by the ligature, is substituted a solid mass of fibrine, and that the artery is thus perfectly occluded, as well as by the clot above and below.

No. 10.—October 31. To the right carotid of a sheep, I applied a flat silk ligature outside its sheath, diminishing the calibre of the artery barely one-half. November 23d, being twenty-three days after, I found the cicatrix soundly healed, the fibrous deposit smaller than in either of the two preceding cases; and you will observe that the longitudinal section of the artery reveals the same dense fibrine substituted for the canal of the artery at the point of ligation.

There is no sinus or trace of the ligature visible in this specimen, as there was in the other cases. But we know it did escape, because it was found outside the wound, the free end having been fastened there at the time of ligation.

No. 7. My object in the case now before us, was to observe the effect upon an artery of a simple cessation of function.

Accordingly, October 31st, I applied three silver-wire ligatures, the second being about twelve lines above the first, and the third about four lines above the second.

The first was tied with little less than the average tightness commonly used in the silk ligature; the second broke close to the loop, so that I had but to cut off the free end; the third I tied with firmness, but with more caution, to avoid repetition of the accident incident to the second; twenty-two days after, I vivisected this specimen, the cicatrix was not firm and the hemorrhage was great. It will be seen that the calibre of the arterial canal, between the ligatures, is very much diminished, and is occupied towards its centre by what appears to be an organized clot, which, as we approach the points of ligation on either hand, becomes a firm plug of fibrine.

The history of the disused artery is, however, of but small importance, compared with that of the ligatures as here observed.

The first ligature cannot be found. The second is also wanting; and from the original site of each throughout the fibrinous mass, toward the cicatrix, you will observe an open sinus through which they have been discharged. The third ligature, applied with less force, will be seen lying loosely within the artery, at the internal end of the upper sinus, apparently waiting to be extruded. The occlusion about each ligated point is complete.

No. 9. This is the right carotid of a sheep, which I ligated October 31. The ligature was of silver wire, the same as that used in the last specimen exhibited. I tied it by a single flat knot, and cut off the ends closely. I applied it outside the sheath, tying loosely, and diminishing the calibre of the artery about half or two-thirds.

November 23d, being twenty-three days after the operation, I found the cicatrix quite sound. The vivisection was accompanied with very little hemorrhage, and here is the specimen. There is but little deposition of fibrine, and a longitudinal section of the artery reveals the ligature *in situ*, as applied; the looseness of its application being manifest by the size of the piece of whalebone passed through its loop. It will be seen there is no sign of suppuration or sloughing, but only the deposition of fibrine for the envelopment of the ligature, and that due to inflammation following the laceration of the areolar tissue in the performance of the operation.

Here is a specimen exhibiting the difference between the effect of the "surgeon's" or flat knot, and the ordinary knot, upon the internal and middle coats.



In neither case are the divided edges of the inner coats in apposition; in the former case you will observe, by means of the lens which I will pass around with it, that the divided ends are curled upward, their flat surfaces forming a plane representing the diameter of the artery, at right angles with its long axis; they are therefore not in apposition with each other, but only in juxtaposition.

The ordinary round knot, you will see, has produced a puckering and partial laceration of the inner coats, the plications terminating like radii in the centre of the transverse section exhibited.

*The specimens presented exhibit in each case where a loose ligature has been used, whether of silver, lead, or silk, perfect occlusion of the arterial canal.*

*When the loose ligature has consisted of lead or of silk, ulceration and suppuration have occurred, with extrusion of the ligature toward the surface.*

Equally, with other specimens previously presented, these exhibit that every TIGHT ligature of either kind, and every LOOSE ligature except the SILVER, has been extruded; but the "loose silver ligature" is followed by obliteration, fibrinous and extensive, with exemption from sloughing, from suppuration, and from extrusion of ligature common to every case of other kinds exhibited.

Here are the facts, as far as they go. The theory which after a sufficient accumulation may be woven out of them, may be worthy the consideration of the Society. As to the causes of the differences in results, I may be allowed to suggest that the questions in order might be:

1st.—*The Ligature.* What relation exists between the different qualities of the different ligatures, and the difference in the results exhibited respectively?

2d.—*Looseness.* In the absence of sudden lesion of the artery, and of sudden complete strangulation of the vasa vasorum, are not the parts better able to perform the new task suggested and assigned to them?

Is not the operation, the shock, the local and general disturbance more moderate than in the case of a tight ligature?

Is not the gradual accommodation of the collateral branches to the demand instituted on the application of a loose ligature, sufficient to account for the absence of the great oozing common only to all the vivisections made in the region of a recent tight ligation?—*Medical Record.*

## DEVELOPMENT AND TREATMENT OF ALBUMINURIA.

*To the Editors of the Boston Medical & Surgical Journal:*

In view of the notorious inefficacy of our treatment of Bright's disease, I thought the following note might be interesting. It is a condensation of an article read before the French Academie Impériale de Médecine, by Prof. Semola of Naples, and is the complement of a previous memoir by the same author. In his previous communication, Prof. Semola developed the opinion that the passage of the albumen into the urine, in Bright's disease, was necessary consequence of a general deficiency of nutrition, by which the albumen, rendered incapable of performing its functions, was eliminated by the kidneys as a substance foreign to the organism. According to this theory, the alterations of these organs would play only a secondary rôle in the development of the disease; and although the condition of the kidneys is of value in prognosis, Prof. Semola protests against the ideas of those who pretend to explain or resolve the question by purely anatomical deductions.

One diagnostic sign distinguishing organic from symptomatic albuminuria is furnished by the quantity of the urea, which in true Bright's disease diminishes with the first appearance of the albumen, and, at a later period, accumulates in the blood. The same is true of the sulphates. Of the artificial albuminurias, that produced by the suppression of the cutaneous functions is the most like Bright's disease. This suppression both prevents the oxidation of the materials introduced into the system in the form of peptones (the products of the digestion of albumen), and causes a congestion of the viscera and especially of the kidneys.

Thus, according to this author, Bright's disease is not the result of a primitive anatomical lesion of the kidneys, but is a result of this double series of effects which succeed the more or less sudden suppression of the functions of the skin.

The aim of the physician should be to reëstablish these functions, and thus increase the oxidation of the peptones, and relieve the renal congestion.

Among the means best suited to this purpose are the ordinary sweatings, or, in obstinate cases, hot air baths always followed by cool or cold shower baths; preparations of arsenic, and inhalations of oxygen. The diet should be vegetable or starchy, with but very little meat.

[*Boston Med. and Surg. Journal.*]

W. F. M.

### Book Notices.

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**Obstetric Clinic: A Practical Contribution to the Study of Obstetrics and the Diseases of Women and Children.** By GEORGE T. ELLIOT, Jr., A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College; Physician to the Bellevue Hospital, and the New York Lying-In Asylum; etc., etc., etc. New York: D. APPLETON & Co. 1868.

This is an octavo volume of 458 pages, published in excellent style; paper and type both being good. It embraces seventeen chapters, on the following topics: Relations of Albuminuria to Pregnancy; Prophylaxis of Puerperal Eclampsia—varieties of puerperal convulsions; Chloroform and Venesection in Puerperal Eclampsia; Relation of Epilepsy to the Puerperal State—Puerperal Mania; Ante-Partum Hemorrhage; Induction of Labor; Effect of the Tonic Circular Contraction of a Band of Uterine Muscular Fibres on Labor—Brow and Face Presentations—Rupture of the Uterus; Post-Partum Hemorrhage; Obstetric Operations in Deformed Pelves; Choice, Use, and Applications of Forceps; Embryotomy; Version; Inflammatory Complications in the Surgical Treatment of the Diseases of Women; Certain Conditions of the Bladder in Women; Dangers from Compression of the Funis; Recto-Perineal Abscess; Kiesteine.

The author has had ample opportunities for clinical observation, and his work will be found of real value to the general practitioner. For Sale by S. C. GRIGGS & Co. Price, \$4.50.

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**A Practical Treatise on the Diseases of Children.** By D. FRANCIS CONDIE, M.D., Fellow of the College of Physicians; Member of the Amer. Med. Association; etc., etc. Sixth edition, revised and enlarged. Philadelphia: HENRY C. LEA. 1868.

This a full-sized octavo volume of 783 pages, well bound. The former editions have been well known to the reading part of the profession, and generally recognized as one of the best works on the diseases of children in our language. In preparing the present edition for the press, the entire work has undergone a thorough revision by the author. We cordially recommend the work to all, whether students or practitioners. For sale by W. B. KEEN & Co., 148 Lake Street.

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Pennsylvania Hospital Reports. Vol. I. 1868. Philadelphia: LINDSAY & BLAKISTON.

This is a full-sized octavo volume of 420 pages, published in elegant style. It embraces twenty-three articles, all on topics of direct practical importance, and by the most experienced observers and investigators in the profession of Philadelphia. It is the first of a series of volumes which are promised, by which the important results of hospital experience will become accessible to the profession generally. We have intimations that similar volumes will be issued, founded upon the records of the extensive hospitals of New York and some other cities. The present volume may be found at W. B. KEEN & Co.'s, 148 Lake Street. Price, \$5.00.

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We have only space to acknowledge the receipt of the following works:

Spermatorrhœa: Its Causes, Symptomatology, Pathology, Diagnosis, Prognosis, and Treatment. By ROBERTS BARTHOLOW, A.M., M.D., Prof. Materia Medica and Therapeutics in the Med. College of Ohio; Lecturer on Clinical Medicine, and Physician to the Hospital of the Good Samaritan; etc., etc., etc. Second edition, revised and augmented. New York: WM. WOOD & Co., 61 Walker Street. 1867. Received through W. B. KEEN & Co., 148 Lake St., Chicago.

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Plastics: A New Classification and a Brief Exposition of Plastic Surgery. A reprint from a report in the Transactions of

the Illinois State Medical Society for 1867. By DAVID PRINCE, M.D. Philadelphia: LINDSAY & BLAKISTON. 1868. Pp. 96. Price, \$1.50.

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Diseases of the Heart: Their Diagnosis and Treatment. By DAVID WOOSTER, M.D., Member of the Royal Academy of Medicine and Surgery, Turin; Assistant-Surgeon in the Mexican War; etc., etc., etc. San Francisco: W. H. BANCROFT & Co. 1867. Duo., pp. 210. For sale at No. 113 William Street, New York.

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Treatment of Diseases of the Throat and Lungs, by Inhalation, with a New Inhaling Apparatus. By EMIL SIEGLE, M.D. Translated from the Second German Edition, by S. NICKLES, M.D. Cincinnati: R. W. CARROLL & Co., 117 West Fourth Street. 1868. Duo., pp. 136.

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Chronic Diseases of the Larynx, with special reference to Laryngoscopic Diagnosis and Local Therapeutics. By Dr. ADELBERT TOBOLD, Lecturer in the University of Berlin. Translated from the German and edited by GEORGE M. BEARD, A.M., M.D., Lecturer on Nervous Diseases in the University of New York. With an Introduction on the History and Art of Laryngoscopy and Rhinoscopy, Rhinitis, Inhalations, and Electrizations applied to Diseases of the Air-Passages; and an Appendix by the Editor. Illustrated by forty-four engravings on wood. New York: WM. WOOD & Co., 61 Walker Street. 1868. Octavo, pp. 279. From W. B. KEEN & Co., 148 Lake Street.

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Signs and Diseases of Pregnancy. By THOMAS HAWKS TANNER, M.D., F.L.S., Member of Royal College of Physicians, etc. From the second and enlarged London Edition. With four colored plates and illustrations on wood. Philadelphia: HENRY C. LEA. 1868. Octavo, pp. 490. From W. B. KEEN & Co., 148 Lake Street.

### Editorial.

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**MEDICAL EDUCATION.**—Nearly nine months have elapsed since the Convention of Delegates from a large part of the Medical Colleges in the country was held in Cincinnati, and, after full and free discussion, adopted, with much unanimity, certain propositions relating to important changes in the mode and extent of medical college instruction. The propositions adopted, with the record of proceedings of the Convention, were extensively published in the medical periodicals of the country, and several months have elapsed since a Committee, appointed by that Convention, presented in due form a copy of the same propositions to the Faculties of each of the colleges in the United States, with a request that explicit action should be taken on the question of their approval and practical adoption, or amendment, or rejection. What responses have been made by the several colleges to the Committee it is not our purpose at present to state. It is exceedingly desirable, however, that all the *Faculties* who have not responded should do so before the first of March next, that the Committee may be enabled to decide whether it is expedient or necessary to call another convention or not.

The propositions submitted for the consideration and adoption of the colleges, have elicited more or less discussion in all the important medical periodicals of the country, and have received a cordial and almost unanimous approval. In regard to the necessity of exacting a standard of preliminary education there is not a dissenting voice. One or two have objected to the proposed extension of the period of study to *four* years; and one (*Cincinnati Lancet and Observer*), while admitting the desirableness and great advantages to result from the propositions to require attendance on three courses of lectures, and to give the instruction in the several branches in consecutive series, instead of heterogeneous, advocates delay in their actual



adoption in practice, on the singular ground that the *profession* are not prepared to sustain them at this time. The editor expresses the hope that the time may come when the *profession* will be *educated up* to the point of affording the necessary support. To talk of *educating the profession at large up* to the point of sustaining the measures proposed by the late Convention at Cincinnati sounds queerly at this day, and makes one almost suspect that our neighbor of the *Lancet* has just awakened from a Rip Van Winkle sleep on this subject. Why, neighbor, the profession at large was *educated up* on this subject more than twenty years since, and gave full proof of the fact in the adoption of propositions having the same end in view at the first meeting of the American Medical Association in 1847. And the profession at large, through their commissioned representatives in State and National Associations, have been almost annually reiterating the demand on the colleges for systematic and thorough improvements in our system of medical college instruction.

Our friend simply put the boot on the wrong foot. It is not the *profession at large* that needs "educating up," but the Faculties of the several colleges. And, even here, it is not an education of the intellect that is needed. For we do not believe there are ten professors in all the regular medical colleges in the United States, who could look each other in the face and seriously claim that the changes proposed, in all their essential features, were not correct and of great practical importance. It is rather in the line of mutual confidence in the integrity of each other, and in a little of that independent professional patriotism that practically places the interests of the profession and the community above the temporary interests of *self*, that additional education is needed. There is no longer any propriety in "whipping the Devil around the bush" in regard to improvements in our system (or rather want of system) of medical education. The real obstacle in the way of any and all desirable improvements is a puerile distrust of each other, entertained by the faculties of the several schools.

A quarter of a century ago, when this subject was under

discussion in the Medical Society of the State of New York, the delegates from the schools of that State opposed every proposition for increasing the extent of instruction or requirements for graduation, on the ground that the standard in these respects was as high in New York as in any of the surrounding States; and if their schools exacted more it would only drive students from them to those of New England and Pennsylvania. It is precisely the same to-day. The schools of New York hesitate to take a single decidedly advanced step, through fear that those of Boston and Philadelphia will not in "*good faith*" do the same; and those of Philadelphia are influenced by the same distrust of those in New York. The school at Albany hesitates through distrust of those at Pittsfield, Woodstock, and Buffalo. Those of Buffalo and Chicago, most of them, stand shivering behind the *free* State dignity of the Michigan University, while the latter wastes its energies in fighting off homœopathy and other *isms* with the State Legislature. Those of Cincinnati and St. Louis distrust those of Louisville, Nashville, and New Orleans, and the latter reciprocate the same.

It was expressly to obviate this distrust, by affording a medium through which concert of action might be procured, that the American Medical Association was originally called into existence. The Faculties of the several colleges, feeling the force of general professional sentiment, as strongly and repeatedly expressed through that and State organizations, and conscious of the correctness of the demands upon them for improvements, have still allowed this selfish distrust to hold sway, and, with two or three exceptions, have, all these twenty years, endeavored to parry the just demands of the profession and the permanent interests of humanity, by such temporizing expedients as two or three weeks of preliminary lectures before the commencement of the regular annual lecture terms, or the addition of summer courses on special topics, all of which make a show on paper, but are of little real importance, simply because they are never attended by one-fifth of the whole number of students. The action of the recent Convention at Cincinnati has afforded an opportunity for the colleges to abandon

all these expedients and come directly, in full concert, up to the reasonable requirements of the profession.

How far the several faculties can overcome their mutual distrust, and foolish ambition for *large* classes instead of *well-qualified* ones, their responses to the Committee of the Convention will show. Let the questions proposed be answered with a directness and candor becoming the dignity and interests of an honorable and learned profession. If they do not show sufficient harmony in regard to all the details of the present plan, let another convention be called to complete the adjustment of differences at once. We believe the time has fully come, when temporizing expedients and excuses will no longer satisfy the great mass of the profession. The existing medical schools must either adopt, in good faith, substantially, the improvements proposed by the recent Convention, or see new schools, organized on the basis indicated, spring into existence in every large city in the whole country. As the new schools thus forced into existence, by the non-action of the present ones, will require of the student a longer period of study, attendance on more courses of lectures, better preliminary qualifications, and annual examinations as they progress from one series to the next, they must and will endeavor to offset these increased demands upon the time and attainments of the student, by lowering the rate of lecture fees. It needs no prophetic inspiration, to see the alternatives and tendencies here indicated; for they are logically deducible from the present relations of the schools to the profession. The Faculties connected with the colleges in most of the larger cities have been, and still are, anxious to secure uniformity of action in favor of a reasonably high standard of lecture fees. We respectfully suggest to them that the speediest way to accomplish permanently such a result, is to adopt in full the recommendations of the Cincinnati Convention, which would result in rapidly concentrating all medical college instruction in such populous centres as would furnish the required hospitals for the clinical courses; and would thereby remove nearly all the obstacles in the way of adopting a uniform and fair standard of *fees*. It is said that a word to the wise is sufficient.

CHICAGO MEDICAL SOCIETY.—At a recent meeting of this Society, Dr. E. L. Holmes presented a section of the œsophagus, from the interior lining of which had been developed a morbid growth or tumor presenting all the microscopic and other characteristics of medullary cancer. The chief point of interest in the history of the case, was the very short period of time that the patient had suffered any inconvenience in swallowing food or drinks. The whole duration of his sickness was reported to have been only six weeks; and the first two of these he complained but little.

The remainder of the meeting was occupied with a discussion concerning the *modus operandi* and therapeutic application of aconite, digitalis, and veratrum viride. Dr. N. S. Davis, in opening the discussion, stated briefly the experiments and observations that had been made for determining the special action of digitalis and veratrum viride and deduced therefrom, as well as from observation of their effects in ordinary practice, the following conclusions:

1st. Digitalis acts upon the organic nervous and muscular systems in such a manner as to increase the contractility of the latter, and thereby increase the force of the contractions of the heart, the muscular fibres of the gravid uterus, etc.; while, secondarily, it increases the secretion from the kidneys, and, in large doses, often excites purging with abdominal pains and bloody stools.

2d. Veratrum viride acts as a direct sedative, diminishing both the force and frequency of the action of the heart and arteries, and, in full doses, inducing free emesis. Unlike digitalis, it relaxes the tone and impairs the contractility of the muscular structures. Whether it produces its sedative action by a primary influence on the organic nervous system, or by a direct modification of the elementary susceptibility of the tissues, is not positively determined.

3d. The veratrum viride, as a therapeutic agent, may be used with advantage in all those diseases characterized by frequency and fulness or tension of the circulation; but not when frequency is associated with positive weakness of pulse or mus-

cular relaxation. On the contrary, digitalis is applicable, as a sedative, to such cases only as present feebleness with frequency of cardiac and arterial action, and still more, if such feebleness is associated with a morbidly excitable condition of the nervous structures, as in certain cases of delirium tremens; hysteria, etc.

The discussion was participated in by Drs. Hatch, Paoli, H. M. Lyman, Reid, and Holmes.

Dr. Paoli spoke more particularly of the therapeutic value of aconite, which he regards as both sedative and narcotic; and, consequently, capable of application to the treatment of almost all diseases of excitement. He prefers the tincture or fluid extract of the root, which he gives in doses of half a minim to a minim, repeated every one or two hours until the desired effect is induced, then lengthening the interval, to avoid accumulation of action. He regards it as necessary to watch the effects of the remedy closely while administering it as a sedative. He regarded digitalis as applicable and sometimes promptly beneficial in cases of feebleness and frequency of cardiac action, but positively dangerous in *hypertrophy* and active irritation.

Dr. Lyman had not used digitalis as a sedative, but only as a diuretic. He regarded both *veratrum viride* and aconite as very valuable arterial sedatives. He had used a combination of aconite and morphia with excellent effects, as a substitute for pulv. Doveri, in procuring sleep and diaphoresis. The same combination also promptly relieves some cases of neuralgia, and is much less liable to be followed by secondary nausea and vomiting than the preparations of opium given alone. Dr. Gross had given the same combination with benefit in cases of dysmenorrhœa. He regarded the administration of aconite, as a sedative, more dangerous than *veratrum viride*, because the latter limits its own action by the induction of vomiting.

Dr. Reid had used aconite as a sedative more frequently than *veratrum viride*. His opinions and experience coincided with those of Dr. Paoli. He had seen some cases, in which numb-

ness and prickling in the fingers was induced by taking a single dose of *one drop* of the tincture of aconite root.

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CHICAGO MEDICAL COLLEGE.—The Public Commencement of the Chicago Medical College will be held in the afternoon of the first Tuesday in March, at the College, on the corner of State and Twenty-Second Streets. The valedictory address will be delivered by Prof. E. Andrews. On Monday afternoon preceding the commencement, a public meeting will be held, commencing at 2½ o'clock, at which the candidates for graduation will be publicly examined in class, and some of them required to read their theses. This meeting will be at the College, and censors and members of the State and City Medical Societies are especially invited to attend and participate in the examinations. On Tuesday, a meeting of the Alumni Association of the College will be held, for the renewal of acquaintances, reading of papers, and the transaction of business. After the close of the public commencement exercises, on Tuesday evening a social entertainment will be given to the graduating class, Alumni, and their friends, by the President of the Faculty.

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RUSH MEDICAL COLLEGE.—The Public Commencement exercises of Rush Medical College will be held on Wednesday evening, February 5th, in the lecture-room of the College, corner of North Dearborn and Indiana Streets. Although the time will probably have passed before this number of the EXAMINER reaches its readers, we will add that the degrees will be conferred by the President of the College, Prof. Blaney, and the valedictory address delivered by Prof. R. L. Rea.

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STATE MEDICAL SOCIETIES.—We are glad to see that the profession in some of our adjoining States have been reviving and reanimating their State Medical Societies. That of Missouri was recently started anew, in a manner to indicate a good prospect for permanency and usefulness. That of Wisconsin, met a few days since, at Madison, and was attended by a goodly number of members. Our old friend Dr. H. Van Duzen,



of Mineral Point, was chosen President; and we are quite sure that, under his administration, it will prosper.

PERSONAL.—Prof. W. H. Byford, of this city, sailed for Europe early in January. He intends to be absent six or eight months. His object is recreation and professional improvement. His place is being well filled in the Chicago Medical College, temporarily, by Dr. E. O. F. Roler.

GIVE AN INCH AND AN ELL IS TAKEN.—This old saying is capable of very extensive application in the ordinary affairs of life. It was strikingly illustrated in the advertising recently of two physicians, of good standing hitherto, who had determined to devote themselves exclusively to the treatment of syphilitic diseases. They called on several of the leading practitioners of the city, representing that they were engaging in this specialty in the same manner and as strictly within the rules of the profession as others do in the special department of ophthalmology. Under such representations, they obtained the consent of several prominent men to have their names used as references on an ordinary business card. Among those thus assenting, were the names of prominent members of both the medical college faculties in this city. In a few days, these gentlemen found their names not only appended to a simple business card, but that card published in the "Medical Column" of several of our city papers; in thousands of circulars; and, we are told, in several country newspapers. As soon as this extensive advertising business was discovered, those members of the faculty of the Chicago Medical College whose names were involved, immediately forbid the further publication of them in any form. Our own rule has been, for several years, to allow no use of our name for any *special* purpose whatever. It is the only safe rule.

TO PREVENT METALS FROM RUSTING.—Dip the article into very dilute nitric acid, and afterwards immerse it in linseed oil, allowing the superfluous portions to drain off. When the coating of oil is thoroughly dry, the article will be ready for use, and, thus protected, will remain bright for years.

**MONEY RECEIPTS TO FEB. 1ST.**—Drs. N. Senn, \$3; J. B. Corr, 3; A. C. Corr, 3; J. W. Johns, 3; J. W. Bennett, 3; A. Patterson, 3; J. Priestman, 4; Q. M. Triplett, 3; J. H. Judson, 3; John D. Brundage, 3; V. C. Price, 3; W. L. Kreider, 3; F. Sikora, 3; J. A. Adrian, 3; J. R. Flood, 3; J. S. Bullock, 2; Chas. W. Oleson, 3; T. D. Palmer, 3; Geo. W. Crossley, 3; C. B. Reed, 3; J. P. Johnston, 3; L. H. Kennedy, 3; R. W. Winton, 3; N. W. Abbott, 5; J. F. Young, 3; W. H. Buchtel, 3; W. R. Fox, 6; John A. Macdonald, 4; J. S. Lawrence, 2; Hiram Nance, 3; Sumner Clark, 3; J. McLaughlin, 3; D. M. Bond, 3; Wm. Dillon, 3; James M. Kielly, 3; Geo. H. Calkins, 3; J. H. Newland, 3; A. Hager, 3; S. Rex Bucher, 3; D. Scott, 3; C. M. Robertson, 3.

**INCOMPATIBILITY OF POT. IODID. AND POTASS. CHLORAT.**—This is an important point in practice, for in syphilis, to act at the same time upon the ulceration of the mouth and the general malady, chlorat. potass. and pot. iodid. are frequently given. This practice is dangerous, as has been demonstrated by M. Vée; for the chlorate of potash, absorbed simultaneously with the iodide of potassium, may part with its oxygen, and transform it into the iodate, a poisonous agent. The recent experience of M. Melsens proves the possibility of this transformation.

This ought to suffice to prevent, were it only as a precautionary measure, the simultaneous administration of the chlorate of potash and the iodide of potassium.—*Gaz. Med. de Paris.*

**MORTALITY AMONG PHYSICIANS AT GALVESTON, TEXAS.**—Not less than eight practising physicians have died of yellow fever in Houston, Texas, during the prevalence of the epidemic.

**TWO PHYSICIANS.**—His attempts to extend a more advanced knowledge of his specialty to physicians already in practice having been so favorably commented upon by those of the profession who have attended the previous courses, and by the medical press.

### PROFESSOR HORATIO R. STORER

Will deliver his third private course of twelve Lectures upon the

### TREATMENT OF THE SURGICAL DISEASES OF WOMEN,

During the first fortnight of June, at his rooms in Boston.

Fee \$50; and Diploma required to be shown. Certificates of attendance upon the courses already completed have been issued to the following gentlemen: Drs. J. B. Walker, Union, Me.; Alexander J. Stone, Augusta, Me.; Daniel Mann, Pelham, N.H.; Augustus Harris, Colebrook, N.H.; J. W. Parsons, Portsmouth, N.H.; E. F. Upham, West Randolph, Vt.; G. E. Bullard, Blackstone, Mass.; J. A. McDonough, Boston, Mass.; J. G. Pinkham, Cambridge, Mass.; James Coolidge, Athol, Mass.; Thomas G. Potter, Providence, R.I.; C. M. Carleton, Norwich, Conn.; I. Farrar, Hartford, Conn.; M. C. Talbott, Warren, Pa.; H. Gerould, Erie, Pa.; W. W. Bancroft, Granville, Ohio; A. I. Beach, Bellville, Ohio; Henry E. Faine, Dixon, Ill.; W. L. Wells, Howell, Mich.; and W. A. I. Case, Hamilton, C.W.

Hotel Pelham, Boston, January, 1868. feb3t.

## CHLORODYNE.

To the Editor of the Medical Record, SIR:—In the late edition of Aitken's Practice of Medicine (1866), Chlorodyne is several times recommended as a valuable remedy, and a formula is given on p. 471, vol i, which is said to be "a very useful one."

It is strange that a compound of this description should have obtained the sanction of physicians in the absence of any authentic or official directions for its preparation. In prescribing it, unless the nostrum is specified, the practitioner may not know which of many compounds will be furnished. I have before me five different formulas for chlorodyne, all differing in respect to ingredients and their proportions; and not one of them would furnish a good imitation of the English nostrum.

If a chloroform-anodyne is deemed worthy of the place it now holds in public estimation, it should have a uniform composition, or be made official, in order to prevent the hazard and uncertainty which must now be incident to its administration. The following is Dr. Aitken's formula:

R. Chloroform f. ʒiv; Æth. Sulph. f. ʒij; Theriacæ (Treacle) f. ʒj; Mucilag. Acaciæ f. ʒij; Morph. Muriat. gr. viij; Acid. Hydrocyanic. dil. (2 per cent) ʒij; Öl. Ment. Pip. M. iv ad vi. *Misce bene.*

Further directions are given about combining the materials, which we have attempted to follow, but, on standing, the whole of the ether and chloroform separate from the "constituent," so that the formula cannot be considered an eligible one.

About two years ago, the writer obtained a sample of Dr. Browne's genuine chlorodyne for examination. It was of a dark color, with an odor of chloroform and ether. By repeated and careful tests we failed to discover in it either cannabis or hydrocyanic acid. (The same result was obtained by Mr. Chas. Bullock, in his examination of a similar article.) The "constituent" was found to be molasses, gum acacia, and ext. glycyrrhiza. It contained no peppermint. There might possibly have been a small quantity of capsicum, but the pungent effects of this and the chloroform are so similar, that its presence may be considered doubtful. An imitation, containing only chloroform, morphia, and ether, resembles "the genuine" in sensible properties and operative effects. I published, accordingly, the following formula for chlorodyne, and should not have thought it of sufficient consequence to refer to it again, but for the notice taken of the compound in so respectable a work as Aitken's Practice of Medicine. The following is an imitation of Dr. J. Collis Browne's Chlorodyne:

Heat molasses in a water-bath, and remove the scum until it becomes clear. Mix one part of officinal mucilage of acacia with two parts of the molasses, to form the constituent.

Dissolve eight gr. sulphate of morphia in one drachm and a-half of water, by heat, and add eight gr. powdered extract of liquorice. To this solution, add one fluid drachm of conc. sulphuric ether. Add a portion of the constituent, and two fluid drachms of chloroform, and shake the mixture, then add enough of the constituent to make one fluid ounce.

Ten minims, or twenty drops, contain  $\frac{1}{2}$  gr. of the morphia salt, two minims and a-half or ten drops of chloroform, and half the quantity of ether.

Chlorodyne thus prepared resembles the nostrum in pungency, color, density, and other properties. If the prescriber wishes to administer cannabis or hydrocyanic acid, they may be added extemporaneously.

Truly yours,

Rochester, N. Y., Dec., 1867.

W. W. ELY, M.D.

THE question is so commonly raised as to the necessity of revaccination, and as to what is the best and surest method of vaccinating, that we think the following extracts from the report of the revaccination of the Prussian army for 1866, (taken from the *Berlin Klin. Wochens.*) will be of interest. The number vaccinated was 42,269; 86 per cent had plain scars, 9 per cent indistinct scars, and 5 per cent no marks of former vaccinations. The result of the vaccination was perfect in 60 per cent, imperfect in 13 per cent, nil in 27 per cent. Of these 27 per cent, about 30 per cent, or about 8 per cent of the whole number, on a second trial had perfect sores, making 68 per cent of perfect revaccinations. From the experiments with different methods of vaccination, the following conclusions are drawn:—1st. For military purposes, vaccination from arm to arm is to be preferred. 2d. The result of vaccination with glycerine lymph is generally more uncertain in proportion as the dilution of the lymph with glycerine is greater. 3d. Mixtures of one part lymph to eight, nine, or ten of glycerine are not to be depended upon in the revaccination of recruits. 4th. A less dilution produces in recruits good, genuine, and numerous pocks, and is, therefore, to be recommended for further experiments in the annual vaccinations.

RESECTIONS.—M. Sedillot has written a letter to the Imperial Society of Surgery, on the regeneration of bone. It is too long for quotation entire, but of great interest. He contradicts

the two principles of sub-periosteal resection in the following terms:

One, to which Larghi has given the general name of sub-periosteal resection, is founded on the idea that the periosteum detached and isolated in the condition of a sheath or a flap, is able to renew or reproduce the subjacent bone from which it is stripped or raised.

The other principle, which I have called sub-periosteal gouging or scraping, has for its principle, that it is the periosteum, *only when attached* to the bone, that is able to renew it; and that, in consequence, the bone beneath the periosteum should be husbanded and preserved with the very greatest care.

After invoking the aid of the Baconian method of research, M. Sedillot quotes numerous series of experiments which, in his opinion, are sufficient to prove that the periosteal flaps, if completely isolated from the subjacent bone, are unable to reproduce it; "and that the so-called method of sub-periosteal resection is founded on a deplorable illusion;" and gives his opinion that the chief use of preserving the periosteum at all, is to supply a mould for the bony matter which is left in his method of periosteal gouging, and which really reproduces the bone.—*Ed. Med. Jour., Gaz. des Hopitaux, Am. Jour. Med. Sciences.*

**SPIDERS.**—Father Babaz has communicated to the French Academy of Science an account of his experiments with spiders, and the manner in which he ascertained a fact hitherto unknown to naturalists, *viz.*, that most spiders possess not only the faculty of spinning a thread, but also that of projecting one or several, sometimes of the length of five or six metres, which they use to traverse distances with, and affix their thread to a given point for the support of their web. They even seem to have the power of directing the extremity of an ejaculated thread to a given point; they seem to feel for the place where it is most desirable to fix it. Certain spiders, the *Thomis* *Bufo*, for instance, will eject a bunch of threads which, curling up in the air and shining in the sun with various hues, gives the insect the appearance of a peacock displaying his tail. But this is not all: spiders can fly and swim in the air, though they are heavier than alcohol. To perform this feat, they turn their back to the ground, and keep their legs closely folded up on the body, and in this posture sail about with perfect ease.

**PROFESSOR PAJOT** of Paris proposes the following method of fixing the head in certain cases of embryotomy:

"I perforate the cranium in the usual manner, and introduce into the opening a little stick four or five centimetres long and as big as the little finger, to the middle of which a string has already been fastened. I introduce this stick endwise within the cranium, by means of a tamponning forceps. When it is completely introduced, I draw upon the string; the stick becomes horizontal, either before or behind, on one side or the other of the pelvis, according as I judge to be desirable. I have then the head entirely at my control. Entrusting the string to an assistant, I apply the instrument which I have chosen, cephalotribe or forceps, without being embarrassed by the string, which takes up no room in the vagina, and I have thus remedied the mobility of the head, a cause giving great difficulty in certain operations, and especially I have remedied it without a new instrument. This, in a word, is my procedure."

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THE MISSOURI MEDICAL ASSOCIATION was duly resuscitated on the 12th December, after a long sleep of ten years, and has inaugurated some wise measures relating to the future prosperity of medicine in the State. A communication from the St. Louis Medical Society, asking of the Legislature a Board of Medical Examiners to be appointed by the Missouri Association, with power to grant licenses, was adopted, and a committee appointed to prepare a suitable memorial. They also endorsed most emphatically the stand taken in the matter of medical education by the recent convention of Medical Teachers.

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DETECTING BELLADONNA.—Mr. H. C. Scorby read a paper lately before the Sheffield Literary and Philosophical Society, in which he set forth the difficulties which the toxicologist encounters in his efforts to prove a case of poisoning by belladonna. These difficulties are obviated by the use of the micro-spectroscope. The spectrum of the juice of belladonna is very distinct, especially when the coloring matter has been added to a solution of carbonate of soda. A small fraction of a single berry is sufficient to produce the spectrum bands characteristic of the belladonna.

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THE CHAIR in the French Academy of Sciences made vacant by the death of Civiale, has been filled by the election of Baron Larrey, who received forty-five of the fifty-six votes cast.

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Dr. D. S. Young has been appointed to the Chair of Surgery in the Cincinnati Medical College.—*Medical Record.*



**TREATMENT OF STRICTURE OF THE URETHRA BY IMMEDIATE DILATATION.**—Mr. Holt continues to be highly successful in the use of his stricture dilator. He records in the *Lancet* 114 cases occurring in private and hospital practice, during the past year, upon which he operated. Not a single bad result followed, and only one complication—a small abscess of the penis—resulting from breaking the instrument. Many of his cases have been of the most unpromising character, and one especially, that of an India officer, deserves mention. He had abscess of the prostate, following stricture and infiltration of urine. The abscess broke into the rectum, establishing recto-vesical fistula, and there were fistulous openings in the perineum and right buttock. But little urine escapes through the penis, the patient being obliged to undress and sit upon a vessel when he desired to urinate. The suffering and impairment of health were great. No instrument was passed at the first trial; but at the second, the patient being under the influence of chloroform, the dilator was passed and the stricture split with a No. 12 tube. A gum-elastic catheter was retained in the urethra. The patient never had a bad symptom. The fistulous openings rapidly healed, and he was soon able to micturate with perfect ease.—*Pacific Med. & Surg. Journal*.

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**AMERICAN MEDICAL ASSOCIATION—PRIZE  
ESSAYS FOR 1868.**

The American Medical Association offers two prizes of *One Hundred Dollars* each, for the best two original essays upon subjects of professional interest; the Committee reserving the right to reject all, unless deemed fully worthy.

Competitors for these prizes must forward their essays to Dr. Charles Woodward, Cincinnati, Ohio, free of expense, on or before the 1st of April, 1868.

Each essay must be accompanied by a sealed note containing the author's name and address, and on this sealed packet must be inscribed some sentiment, motto, or device, corresponding to a like sentiment, motto, or device on the essay.

CHARLES WOODWARD, Chairman,  
W. W. DAWSON,  
E. B. STEVENS,  
ROBERTS BARTHOLOW,  
P. S. CONNOR,

} Committee.

Medical journals throughout the country are requested to copy.

**MORTALITY OF CHICAGO FOR 1867:**—We copy the following Report from the proceedings of the Board of Health, as published in the *Chicago Daily Times*. It contains much that may be useful for future reference:—[Ed.]

The Health Department of Chicago constitutes a branch of the municipal government which has in charge the most important interests of the citizen. The eradication of disease and the adoption of precautionary measures to restrain the spread of diseases and epidemics, is a matter so important that all persons are more or less interested in the action of those who have these important objects in charge.

Since last July, the Health Department has endeavored to systematize all its workings and reduce everything pertaining to sanitary benefits to a method. Rigorous registration and efficient executive officers have effected this, and in the limited mortality of the past year is found the best illustration of what can be done by an organization devoted to the sanitary improvement of the City.

#### THE WORK OF THE YEAR.

The following tabular statement of the work done by the department during the year exhibits in detail what has been done to conserve the public health:—

#### NUMBER OF NUISANCES REPORTED AND ABATED UPON NOTICE.

Ashes and rubbish on streets, and yards, and alleys	1492	Filthy hog-pens	79
Garbage	1336	Filthy hide stores and cellars	45
Manure piles	9757	Filthy privies	1775
Full privies	8070	Filthy packing-houses	7
Filthy areas and alleys	5634	Filthy soap factories	3
Filthy butcher-shops	6	Filthy stables	1500
Filthy cellars	125	Filthy sinks	900
Filthy cess-pools and cisterns	149	Filthy slaughter-pens	4
Filthy drains	580	Filthy tanneries	5
Filthy distilleries	4	Filthy vacant lots	309
Filthy gutters on st's and alleys	1489	Filthy water closets	513
Filthy grocery stores	10	Total	34,139
Filthy houses	349		

No. of notices served to connect with street sewers 1857 |

(Premises connected 1097.)

New privy vaults built 831 |

Total Number of all notices served	36,827
Total Number of all notices served in 1866	16,787

Loads of swill removed by City scavengers	6,842
Loads of ashes removed by City scavengers	10,360
Total	17,202

Barrels of rotten apples removed	256
Barrels of rotten potatoes removed	389
Barrels of rotten eggs removed	45
Barrels of rotten fish removed	63
Barrels of rotten pickels removed	500

Total ..... 1,253

Baskets and boxes of rotten peaches removed	459
Baskets and boxes of rotten grapes removed	45
Baskets and boxes of rotten oranges and lemons removed	257

Total ..... 761

Barrels and bags of rotten poultry removed	35
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Number of dead animals removed:—

Dead horses removed	147
Dead sheep removed	67
Dead cows removed	34
Dead hogs removed	56
Dead dogs and cats removed	11,251
Dead chickens removed	1,850

Total ..... 13,405

Main sewers disinfected	3
Private sewers disinfected	1,735
Sloughs and slips	35

Total ..... 1,773

Miles of streets and alleys disinfected	146
Number of houses disinfected	79
Number of privies disinfected	2150
Number of small-pox cases reported	722
Number of varioloid cases reported	244

Total ..... 966

#### SMALL-POX.

Number of patients removed to the small-pox hospital	182
Number of houses under sanitary inspection where patients resided	784
Number of summons served for violation of the health ordinances	1138
Fines assessed in the police court	\$5133.20

Twenty-eight persons were arrested for dumping manure on the streets,  
and the fines assessed upon them in the police court amounted to 259.00

Total ..... \$5392.20

#### DISINFECTANTS.

Disinfectants and absorbents used:—

Copperas, lbs.	24,596
Sal chloride zinc, bbls.	2
Carbonic acid, bbls.	7
Heavy Oil, bbls.	32
Disinfecting compounds, bbls.	112
Gypsum, bbls.	105
Lime, bbls.	755

## MORTALITY FOR 1867.

The following is the mortality report for the year. Its details and comparisons will prove of interest to the public:—

Abortion	1	Dropsy	75	Meningitis	38
Abscess	9	Dysentery	79	" cereb.-spinal	19
Accidents	169	Dyspepsia	1	" tuberculous	5
Ædema glottidis	1	Encephalites	7	Morbus coxarius	2
Anæmia	3	Endocardites	2	Mouth, malformation	1
Anasarca	1	Enteritis	29	Myelitis	2
Angina	5	Enterocolites	3	Nephritis	3
Aorta, aneurism of	1	Epilepsy	13	Neuralgia	1
Ascites	1	Erysipelas	13	Old Age	72
Asphyxia	2	Exhaustion	1	Esophagus, inflam'on	1
Asthma	3	Exposure	1	Ovarian disease	2
Apoplexy	22	Fever, bilious	14	Over-exertion	1
Atrophy	5	" congestive	24	Paralysis	21
Birth, premature	79	" puerperal	21	Paraplegia	1
" still	252	" putrid	1	Pericarditis	2
Bowels, inflammation	52	" remittent	9	Peritonitis	15
" obstruction	5	" scarlet	99	Pharyngitis	1
Brain, congestion of	48	" spotted	1	Phlegmasia dolens	2
" disease of	22	" typhoid	163	Phlebitis	1
" inflammation	59	" typhus	27	Phthisis pulmonalis	398
Bright's disease	5	" intermittent	1	Pneumonia	159
Bronchitis	25	Fungus hemadotes	1	Potts' disease	1
Cancer	22	Gall bladder, disease	1	Porrrorra	1
" of duodenum	1	Gangrene	5	Pyæmia	1
" of face	1	Gastritis	14	Rheumatism	7
" of intestines	1	Gastrontrites	2	Rubia	1
" of liver	2	Gravel	1	Scrofula	7
" of stomach	7	Hæmatemesis	2	Small-pox	115
" of uterus	6	Hæmoptysis	1	Softening spinal cord	1
Canker sore mouth	3	Hemorrhage, umbilical	1	Spine, disease of	9
Carries, knee	1	Heart, disease of	59	Stomach, disease of	4
" spine	1	Hemiplegia	1	" congestion of	1
Catarrh	2	Hepatitis	4	Stricture	1
Cerebritis	3	Hernia	4	Suicide	19
Chest, disease of	1	Hip disease	1	Sunstroke	7
Chlorosis	1	Hydrocephalus	59	Suffocation	2
Chicken-pox	2	Hypertrophy of heart	2	Syphilis	2
Cirrhosis	1	Insanity	2	Tabes mesenterica	115
Cholera morbus	19	Inanition	28	Tapeworm	1
" infantum	542	Intemperance	2	Teething	148
Cold	11	Jaundice	6	Tetanus	3
Convulsions	398	Kidneys, disease of	7	Tonsils, inflammation	1
Croup	98	" inflammation	1	Throat, disease of	2
Cyomosis	6	Laryngitis	10	" malformation	1
Cyanche tonsillaries	1	Leg, commin'ted fract.	1	Thrush	1
Debility	74	Liver, disease of	3	Trismus	1
Delirium tremens	14	" corrhasis of	2	Tumor	2
Diabetes	1	" inflammation of	10	Ulceration	3
Diarrhœa	144	Lungs, congestion of	30	" bowels	1
Diphtheria	76	" disease of	27	" stomach	1
" brain	8	" hemorrhage of	4	Uræmia	1
" chest	2	Lupus	1	Urine, suppression of	1
" heart	1	Measles	87	Uterus, rupture of	1

Vesical calculus -----	1	Worms -----	2		
Whooping-cough -----	62	Unknown -----	138	Total -----	4604

## AGES.

Under 5 -----	2784	40 to 50 -----	237	90 to 100 -----	4
5 to 10 -----	182	50 to 60 -----	140	100 to 110 -----	2
10 to 20 -----	176	60 to 70 -----	126	Unknown -----	97
20 to 30 -----	381	70 to 80 -----	61		
30 to 40 -----	378	80 to 90 -----	36	Total -----	4604

## NATIVITY.

Chicago -----	2460	Holland -----	27	Russia -----	1
Other parts U. S. -----	675	Ireland -----	428	Scotland -----	36
Austria -----	6	Isle of Man -----	1	Shetland Islands -----	1
Belgium -----	1	Island of St. Helena -----	1	Sweden -----	57
Bohemia -----	57	Italy -----	1	Switzerland -----	10
Canada -----	51	Norway -----	92	Wales -----	5
Denmark -----	12	Nova Scotia -----	2	On the Sea -----	3
England -----	97	Prussia -----	27	Unknown -----	34
France -----	14	Poland -----	3		
Germany -----	482			Total -----	4604

Deaths from Still-birth and Accidental Causes—1866, 331; 1867, 521.

Deaths by Disease—1866, 5594; 1867, 4083; Decrease in 1867, 1511.

Interments at various Cemeteries in October, 1866, 1525; Deaths reported in October, 1866, 1170; Number not accounted for, 355.

## DEATHS BY MONTHS IN 1867.

January -----	299	June -----	283	October -----	428
February -----	255	July -----	597	November -----	360
March -----	280	August -----	696	December -----	380
April -----	278	September -----	507		
May -----	241			Total -----	4604

## BIRTHS SINCE JULY 1, 1867.

July -----	412	October -----	459	December -----	508
August -----	481	November -----	452		
September -----	497			Total -----	2809
Males -----	1409	Females -----	1400		

## MORTALITY BY WARDS SINCE JULY 1, 1867.

First Ward -----	35	Seventh Ward -----	343	Thirteenth Ward -----	141
Second Ward -----	121	Eighth Ward -----	192	Fourteenth Ward -----	201
Third Ward -----	146	Ninth Ward -----	166	Fifteenth Ward -----	240
Fourth Ward -----	142	Tenth Ward -----	93	Sixteenth Ward -----	173
Fifth Ward -----	162	Eleventh Ward -----	191		
Sixth Ward -----	202	Twelfth Ward -----	235	Total -----	2785
Total deaths in 1866 -----					5925
Total deaths in 1867 -----					4604

Decrease ----- 1321

## EXPENDITURES.

Amount expended since April 1, 1867:—

Scavenger work -----	\$23,344	Small-pox Hospital -----	2,500	Salaries -----	28,000
Disinfectants -----	1,500	Cholera " (rep's) -----	63	Sundries -----	745
Stationery -----	375	Office furniture, etc. -----	500		
Printing -----	11,160			Total -----	\$63,177

# LONG ISLAND COLLEGE HOSPITAL

BROOKLYN, N. Y.

## FACULTY.

AUSTIN FLINT, M.D., Prof. of Clinical Medicine.  
FRANK H. HAMILTON, M.D., Prof. of Principles and Practice of Surgery, Fractures and Dislocations, and Military Surgery.  
DEWITT C. ENOS, M.D., Prof. of Operative and Clinical Surgery.  
AUSTIN FLINT, Jr., M.D., Prof. of Physiology and Microscopic Anatomy.  
DARWIN G. EATON, M.D., Professor of Chemistry and Toxicology.  
WM. GILFILLAN, M.D., Professor of Surgical Anatomy.  
SAMUEL G. ARMOR, M.D., Prof. of Principles and Practice of Medicine and Materia Medica.

CORYDON L. FORD, M.D., Professor of Anatomy.

FOSTER SWIFT, M.D., Prof. of Obstetrics and Diseases of Women and Children.

THE NINTH REGULAR TERM OF LECTURES will commence in the Hospital buildings, corner of Henry and Pacific Streets, on the 1st of March, 1868, and end in July. For circulars and information, in reference to the College, address T. L. MASON, M.D., President, 120 Joralemon Street, or W. H. DUDLEY, M.D., Registrar, 201 Henry Street.

## FEES:

Professors Tickets.....	\$140
Matriculation, .....	5
Dissecting, .....	10
Graduating, .....	25
Hospitals.....	FREE

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